PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED JAN 29 1960 Bureau of Vital Statistics

State File No. 001
Local Reg. No. 23
Reg. Dist. No. 3-70

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise-Rural
d. STREET ADDRESS (If rural, give location): 7701 Ustick Road

3. CHILD'S NAME (Type or Print): (Infant Girl) Ellis

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 20 1960

7. FATHER'S NAME: a. (First) Paul b. (Middle) A. c. (Last) Ellis

8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): Walla Walla, Wash.

11a. USUAL OCCUPATION: Foreman-Alpine Inc.

11b. KIND OF BUSINESS OR INDUSTRY: Trailer Home

12. MOTHER'S MAIDEN NAME: a. (First) Betty b. (Middle) c. (Last) Rusch

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Seattle, Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: + Paul A Ellis

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes + No
Approximate date 9-13-59 Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Precipitate Labor w/ premature birth

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:57 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gustav E Thorkelson MD

23b. DATE SIGNED: 1-22-60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1/22/60

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

25d. LOCATION (City, town, or county) (State): Canyon Co. Idaho

DATE REC'D BY LOCAL REG.: 1-26-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: John F Alsip Jr.

ADDRESS: Nampa, Idaho

ALSIP FUNERAL CHAPEL 404-10Ave. So.

Form DPH-48020

Embalmed by Richard Reed
440 Nampa1 /20/60

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1942 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED JAN 19 1960 Bureau of Vital Statistics

State File No. 002
Local Reg. No. 2
Reg. Dist. No. 6 a a

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Hall
d. STREET ADDRESS (If rural, give location): Box 156

3. CHILD'S NAME (Type or Print): MARY LOUISE CONAN

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 5, 1960

7. FATHER'S NAME: a. (First) Frank b. (Middle) Vincent c. (Last) Conan

8. COLOR OR RACE: White

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION: Heavy Equip. Operator

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Donna b. (Middle) Larae c. (Last) Andreason

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Lehi, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Five
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Frank V. Conan Ft. Hall, Ida.

18a. LENGTH OF PREGNANCY: 40+ WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 3 OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date: Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Marginal detachment of placenta

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Geo. McClain M D

23b. DATE SIGNED: 1-6-60

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Jan 9, 1960

25c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

25d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Jan 9-1960

REGISTRAR'S SIGNATURE: Mrs Coalcia E. Peterson

26. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho

Form DPH-48020

PHS-797(VS)
4-8
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 003
Local Reg. No. /
Reg. Dist. No. 340-341

RECEIVED JAN 26 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Apt. C-11 Bidwell Apts. South 5th

3. CHILD'S NAME (Type or Print): Baby Donaldson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
male	SINGLE [x] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Jan. 2, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Ralph	A.	Donaldson	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
20 YEARS	Emmett, Idaho	student	college

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Jeanenne		Durfee	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
20 YEARS	Hailey, Idaho	0	0	0

17. INFORMANT
x Ralph Donaldson

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes / No
	3 LBS. 5 OZS.	Approximate date unknown 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown
20b. MATERNAL CAUSES: unknown

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.
23b. DATE SIGNED: 3 Jan 1960
23c. ATTENDANT'S ADDRESS: Emmett, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	Jan. 4, 1960	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Jan 5, 1960	Jean A Beatty	The Beatty Chapel	Emmett, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 004
Local Reg. No.
Reg. Dist. No.

RECEIVED JAN 26 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): Arco, Idaho.

3. CHILD'S NAME (Type or Print): Terry Lynn Nelson

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 5 1960

7. FATHER'S NAME: a. (First) Andrew b. (Middle) Lenn c. (Last) Nelson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Oakley, Idaho

11a. USUAL OCCUPATION: Pipe-- Fitter

11b. KIND OF BUSINESS OR INDUSTRY: A. E. C. At Arco, Idaho.

12. MOTHER'S MAIDEN NAME: a. (First) Gail b. (Middle) Joan c. (Last) Dedrick

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Phillips County, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: X. Gail Dedrick Gooding, Ida.

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Y 36.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxia

20b. MATERNAL CAUSES: Placental Separation Marginal with Massive Hemmorrhage

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Massive Hemmorrhage

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6.2 *A.m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Leonard G. Goodenow M.D.

23b. DATE SIGNED: 26 Jan 1960.

23c. ATTENDANT'S ADDRESS: Gooding, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-7-60

25c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

25d. LOCATION (City, town, or county) (State): Gooding Idaho

DATE REC'D BY LOCAL REG.: Jan. 23, 1960

REGISTRAR'S SIGNATURE: Robert S Meyer

26. FUNERAL DIRECTOR: Robert S Meyer

ADDRESS: Thompson Chapel
737 Main Street
Gooding, Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED JAN 27 1960 Bureau of Vital Statistics

State File No. 005
Local Reg. No. /
Reg. Dist. No. 6-4-0

1. PLACE OF STILLBIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Maternity Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 162 East Main

3. CHILD'S NAME (Type or Print): BABY BEAVER

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): January 13, 1960

7. FATHER'S NAME: a. (First) William b. (Middle) Herman c. (Last) Beaver

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Anderson, Mo.

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Emily b. (Middle) Annette c. (Last) Barrus

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): Grantsville, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: William H Beaver.

18a. LENGTH OF PREGNANCY (WEEKS):

18b. WEIGHT AT BIRTH (LBS. OZS.):

19. Was a standard serological test for syphilis performed? Yes [✓] No [ ]
Approximate date: Sept. 24, 1959 y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Premature Labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Spontaneous perforation of membranes

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Lloyd Hall M. D.

23b. DATE SIGNED: 1/13/60

23c. ATTENDANT'S ADDRESS: Rigby, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1/13/60

25c. NAME OF CEMETERY OR CREMATORY: Pioneer

25d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 1/13/60

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

26. FUNERAL DIRECTOR: A B Eckersell ADDRESS: Rigby, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 006
Local Reg. No. 10
Reg. Dist. No. 420

RECEIVED FEB 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Minidoka
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Minidoka
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert
d. STREET ADDRESS (If rural, give location) 160 west on Baseline Road

3. CHILD'S NAME (Type or Print) Danny Ills

4. SEX Male

5a. THIS BIRTH — SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) — 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Jan (Day) 31 (Year) 1960

7. FATHER'S NAME — a. (First) Armin b. (Middle) Arthur c. (Last) Ills

8. COLOR OR RACE White

9. AGE (At time of this birth) 28 YEARS

10. BIRTHPLACE (State or foreign country) Rupert Idaho

11a. USUAL OCCUPATION Clerk

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME — a. (First) Mary b. (Middle) Janet c. (Last) Lutz

13. COLOR OR RACE White

14. AGE (At time of this birth) 27 YEARS

15. BIRTHPLACE (State or foreign country) Buhl Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? two
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT X Armin A. Ills

18a. LENGTH OF PREGNANCY 32 WEEKS

18b. WEIGHT AT BIRTH 3 LBS. 3 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Sept 1959. Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Prolapsed cord - breech presentation.

20b. MATERNAL CAUSES Premature labor.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY L.M.L. spin.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ben K. Humphrey, MD

23b. DATE SIGNED 2-5-60.

23c. ATTENDANT'S ADDRESS Rupert Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE Feb 2 1960

25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

25d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 2-5-60

REGISTRAR'S SIGNATURE Mary Ellen Larson

26. FUNERAL DIRECTOR Robert G Walk ADDRESS Rupert Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 007
Local Reg. No. 11
Reg. Dist. No. 142

RECEIVED FEB 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
d. STREET ADDRESS (If rural, give location): General Deliver, Kellogg, Idaho

3. CHILD'S NAME (Type or Print): INFANT GIRL MAGNUS

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): January 9, 1960

7. FATHER'S NAME: a. (First) Earl; b. (Middle) Martin; c. (Last) Magnus

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Cheyenne Wells, Colorado

11a. USUAL OCCUPATION: Rigger

11b. KIND OF BUSINESS OR INDUSTRY: Mining Smelter

12. MOTHER'S MAIDEN NAME: a. (First) Marcella; b. (Middle); c. (Last) Phelps

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Rathdrum, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Earl M. Magnus

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: 1-26-2

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio Placenta

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abruptio Placenta

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:00 m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John Stevens M.D.

23b. DATE SIGNED: 1-12-60

23c. ATTENDANT'S ADDRESS: Kellogg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Jan. 10, 1960

25c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

25d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 1/12/60

REGISTRAR'S SIGNATURE: J. E. Simmons

26. FUNERAL DIRECTOR: Donald J. Maisel ADDRESS: Kellogg, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 008
Local Reg. No. 008
Reg. Dist. No. 460

RECEIVED JAN 28 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No hospital -- at home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 605 Adell Street

3. CHILD'S NAME (Type or Print): Freida Huddleston

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	January 3 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
George	Wesley	Huddleston	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Filer, Idaho	Blacksmith	Machine shop

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Gladys	Elizabeth	McCabe	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
31 YEARS	Hollister, Idaho	2	None	One

17. INFORMANT: George Huddleston

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No...X..... Approximate date
32 WEEKS	6 LBS. 8 OZS.	Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Obesity

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: NONE

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George Huddleston — Husband

23b. DATE SIGNED: January 4, 1960

23c. ATTENDANT'S ADDRESS: Filer, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE: George Huddleston

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	1/5/60	Filer I.O.O.F. Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.: Jan. 6, 1960

REGISTRAR'S SIGNATURE: Lenora O. Forman

26. FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Chapel-Twin Falls, Idaho — James C. Reynolds

This information obtained by J. Woodson Creed, M.D., Coroner, Twin Falls County, Twin Falls, Idaho

Form DPH-48020

JUL 17 2017

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 009
Local Reg. No. 53
Reg. Dist. No. 370

RECEIVED FEB 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 1501 Fairgrounds

3. CHILD'S NAME (Type or Print) Baby Boy [illegible]

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
F	SINGLE ☒ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	Jan. 17 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
[illegible]	[illegible]	[illegible]	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
43 YEARS	Idaho	Cleaning & Pressing	Cleaning

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
[illegible]	[illegible]	[illegible]	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
38 YEARS	Utah	3	1	

17. INFORMANT Mrs. [illegible] Smith

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
WEEKS	4 LBS. 4 OZS.	Approximate date July 1959 Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: unknown

20b. MATERNAL CAUSES: unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: mild hypertension

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Hulme, M.D.
23b. DATE SIGNED: 18 Jan. 1960
23c. ATTENDANT'S ADDRESS: Boise, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	1/17/60	St. Lukes Hospital	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
2-1-60	Myrtle Palmer	Phillip T. Rice, Summers Funeral Home, Boise, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.....
Local Reg. No. 54 010
Reg. Dist. No. 370

RECEIVED FEB 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 1909 Cradell Lane

3. CHILD'S NAME (Type or Print) Infant

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE ☒ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	Jan. 30 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Richard	Banks	Harris	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
23 YEARS	Boise, Idaho	Heavy Equipment Operator	Construction

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Leora	Wilma	Keller	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
21 YEARS	Rigby, Idaho	1		

17. INFORMANT Leora Wilma Harris - mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No.....
7 3 WEEKS	1 LBS. 10 OZS.	Approximate date Dec 59 Y39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
Prematurity

20b. MATERNAL CAUSES
Premature Ruptured Membranes followed by labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
None.

22. STATE ALL OPERATIONS FOR DELIVERY
None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:40 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ernest R. Guenther
23b. DATE SIGNED 1-31-60
23c. ATTENDANT'S ADDRESS Boise Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
	1/30/60	St. Lukes Hospital	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
2-8-60	Myrtle Palmer	Karl McMillan SUMMERS FUNERAL HOME Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED MAR 4 1960 Bureau of Vital Statistics

State File No. 011
Local Reg. No. 64
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location) 2205 Wisconsin

3. CHILD'S NAME (Type or Print) Baby girl Sullivan

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
F	SINGLE ☑ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	Feb. 9 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Dan C		Sullivan	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Texas	Teacher	Caldwell School District

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Caroline		Tietter	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
29 YEARS	Texas	1	0	0

17. INFORMANT Dan Sullivan

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
	7 LBS. 2 OZS.	Approximate date August 1959 Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES ~~Unknown~~ Light Cord around baby's neck 3 times.

20b. MATERNAL CAUSES None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None

22. STATE ALL OPERATIONS FOR DELIVERY Medical supervision

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:37 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harold D. Hume

23b. DATE SIGNED 2-10-60

23c. ATTENDANT'S ADDRESS Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF ~~CEMETERY~~ OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	2/12/60	St Lukes Hospital	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
2-17-60	Myrtle Palmer	C. Lee Markle SUMMERS FUNERAL HOME	Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 012
Local Reg. No. 70
Reg. Dist. No. 370

RECEIVED MAR 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1215 Division

3. CHILD'S NAME (Type or Print): Sherry Smith

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Feb. 16, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Justin	George	Smith	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Idaho	Window Cleaner	Window Cleaning

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Caroline	L.	Lehn	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Nebraska	Three	None	None

17. INFORMANT
x Justin Smith

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes x No	
40 WEEKS	LBS. OZS.	Approximate date July 27.59.	x39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: undetermined
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: nil

22. STATE ALL OPERATIONS FOR DELIVERY: nil

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:30 A.m.

23a. ATTENDANT'S SIGNATURE: Fritt Mason M.D. (Specify if M. D., midwife, or other): M.D. 23b. DATE SIGNED: Feb 19 60

23c. ATTENDANT'S ADDRESS: 1320 Vista Ave.

If NOT attended by physician — 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	2-18-60	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
2-23-60	Myrtle Palmer	Schreiber-Gibson, Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

1960 State of Idaho

State File No. 013
Local Reg. No. 69
Reg. Dist. No. 370

RECEIVED MAR 4 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1619 Leadville

3. CHILD'S NAME (Type or Print): James Melvin Bradshaw

4. SEX: M.

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 2 16 1960

7. FATHER'S NAME: a. (First) James b. (Middle) Clayton c. (Last) Bradshaw Jr.

8. COLOR OR RACE: White

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Construction

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Sharon b. (Middle) Marie c. (Last) Skoyo

13. COLOR OR RACE: W

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) X

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Sharon Bradshaw

18a. LENGTH OF PREGNANCY: 29 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Y 39-6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech extraction

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2 Am.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Hulme

23b. DATE SIGNED: Feb. 16, 1960

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

25b. DATE: 2/19/60

25c. NAME OF CEMETERY OR CREMATORY: St Lukes Hospital

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-23-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Dale McMasters

ADDRESS: Boise Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 014
Local Reg. No. 94
Reg. Dist. No. 370

RECEIVED MAR 21 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 3945 Adams Street

3. CHILD'S NAME (Type or Print): BABY GIRL RAY

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 19, 1960

7. FATHER'S NAME: a. (First) Robert b. (Middle) L. c. (Last) Ray

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY: Pumice Products

12. MOTHER'S MAIDEN NAME: a. (First) Karan b. (Middle) c. (Last) Ormiston

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Robert L Ray

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.: 7 lbs 32.4

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date November 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Toxemia of pregnancy - moderately severe

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:30 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Clayton C. Morgan M.D.

23b. DATE SIGNED: 23 Feb 1960

23c. ATTENDANT'S ADDRESS: Boise Idaho

DID NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2/24/60

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-7-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: C. Dale McMillan SUMMERS FUNERAL HOME Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 015
Local Reg. No. 61
Reg. Dist. No. 511

RECEIVED MAR 17 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Egley

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	February 16 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Grant	H.	Egley	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Mink Creek, Idaho	Farmer	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
JaLaine		Bair	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
31 YEARS	Lewiston, Idaho	3	0	0

17. INFORMANT: Mrs. JaLaine Egley

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
WEEKS	LBS. OZS.	Approximate date 3/1/60

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature Rupture of Membranes.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Mother had Influenza

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:55 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George J. Cox MD

23b. DATE SIGNED: 2/19/60.

23c. ATTENDANT'S ADDRESS: Pocatello

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	2/18/60	Lava Hot Springs Cemetery	Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
MAR 14 1960		Allen J. Magleby	510 Pine 12th Ave Pocatello, Idaho

Form DPH-48020

PHS-797(VS) 4384-60
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 16 016
Local Reg. No. 16
Reg. Dist. No. 606

RECEIVED MAR 14 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1130 Sunset St.

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): February 22 1960

7. FATHER'S NAME a. (First): William b. (Middle): Del c. (Last): Clough

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Operations

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME a. (First): Helen b. (Middle): c. (Last): Deardon

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Shelley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: William Del Clough Father

18a. LENGTH OF PREGNANCY: 23 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: Febr. Y36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature Separation of Placenta.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45P *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph E. Coates M.D.

23b. DATE SIGNED: Febr. 27, 1960

23c. ATTENDANT'S ADDRESS: Blackfoot, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Febr. 22, 1960

25c. NAME OF CEMETERY OR CREMATORY: Bingham Memorial Hosp.

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG. Feb 28 1960

REGISTRAR'S SIGNATURE: Mrs Walter E Patrie

26. FUNERAL DIRECTOR ADDRESS: Ingvald Tomik Blackfoot, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 017
Local Reg. No. 33
Reg. Dist. No. 600

RECEIVED MAR 8 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): David Wayne Phillips

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): February 27 1960

7. FATHER'S NAME: a. (First) William b. (Middle) Jay c. (Last) Phillips

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Gooding, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Betty b. (Middle) Lorraine c. (Last) Bellville

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Roundup, Mont.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? Two
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Betty L Phillips Mother

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 14 3/4

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: Aug. 36.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Large placental infarct

20b. MATERNAL CAUSES: none.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:05P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph L Coates M D.

23b. DATE SIGNED: Febr. 29, 1960

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Febr. 29, 1960

25c. NAME OF CEMETERY OR CREMATORY: Aberdeen

25d. LOCATION (City, town, or county) (State): Aberdeen Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb 29 1960

REGISTRAR'S SIGNATURE: Mrs Walter E Patrie

26. FUNERAL DIRECTOR ADDRESS: Davies Mortuary American Falls, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 34 018
Local Reg. No. 34
Reg. Dist. No. 610

RECEIVED MAR 2 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bonneville	a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital	d. STREET ADDRESS (If rural, give location): 1025 Russett Street

3. CHILD'S NAME (Type or Print): BABY CARLSON

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	February 5 1960

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Ernest	(NMN)	Carlson	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Minot, North Dakota	Technician	Atomic Power

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Bonnie	LaRae	Goff	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
31 YEARS	Topeka, Kansas	3	0	1

17. INFORMANT: Ernest Carlson

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No	
40 WEEKS	8 LBS. 10 OZS.	Approximate date	Y 37.8

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Subarachnoid hemorrhage

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jack R. Carey M.D.

23b. DATE SIGNED: 2/12/60

23c. ATTENDANT'S ADDRESS: Idaho Falls Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Feb. 8, 1960	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Feb. 22 - 1960	Anna Budge	Orland LeBeck	Idaho Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 019
Local Reg. No. 24
Reg. Dist. No. 610

RECEIVED FEB 23 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonnenville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Wright

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 2 (Day) 6 (Year) 60

7. FATHER'S NAME: a. (First) Donald b. (Middle) Earl c. (Last) Wright

8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS:

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Lalia [illegible] b. (Middle) c. (Last) Neilson

13. COLOR OR RACE: White

14. AGE (At time of this birth) YEARS:

15. BIRTHPLACE (State or foreign country): Idaho Falls,. Ida

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Donald Wright

18a. LENGTH OF PREGNANCY: ? 36 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes ____ No ____
Approximate date: Dec. 1959. Y30.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None -
20b. MATERNAL CAUSES: Diabetes Mellitus.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Abruptio -

22. STATE ALL OPERATIONS FOR DELIVERY: None -

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A E Sams M D
23b. DATE SIGNED: 2-13-60
23c. ATTENDANT'S ADDRESS:
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 2-8-60
25c. NAME OF CEMETERY OR CREMATORY: Hillcrest
25d. LOCATION (City, town, or county) (State): Shelley, Ida

DATE REC'D BY LOCAL REG.: 2/16/60
REGISTRAR'S SIGNATURE: Emma Rudges
26. FUNERAL DIRECTOR: [illegible] ADDRESS: Shelley Ida
E 444

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 020
Local Reg. No. 47
Reg. Dist. No. 610

RECEIVED MAR 18 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Lynette Eckman

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH: (Month) Feb., (Day) 21, (Year) 1960

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) c. (Last) Eckman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 45 YEARS

10. BIRTHPLACE (State or foreign country): Chester, Idaho

11a. USUAL OCCUPATION: Trucking

11b. KIND OF BUSINESS OR INDUSTRY: Logging Business

12. MOTHER'S MAIDEN NAME: a. (First) Jessie b. (Middle) c. (Last) Welker

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
3	3	

17. INFORMANT: Kenneth Eckman

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date: 1/39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis foetalis

20b. MATERNAL CAUSES: Rh isoimmunization

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Twin pregnancy

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 10 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Charles R. Carey M.D.

23b. DATE SIGNED: 3/7/60

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Feb., 25, 1960

25c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery

25d. LOCATION (City, town, or county) (State): Parker, Fremont, Idaho

DATE REC'D BY LOCAL REG.: March 12 - 60

REGISTRAR'S SIGNATURE: Elmira Budge

26. FUNERAL DIRECTOR: M. L. Hansen

ADDRESS: St. Anthony, Idaho

Form DPH-48020

1st Twin born alive

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 681
Local Reg. No. 7
Reg. Dist. No. 100

RECEIVED
MAR 7 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naples
d. STREET ADDRESS (If rural, give location): ———

3. CHILD'S NAME (Type or Print): KENDON ——— VOLL

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): February 13, 1960

7. FATHER'S NAME: a. (First) Elwood; b. (Middle) ———; c. (Last) Voll

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Montana

11a. USUAL OCCUPATION: Machine Operator

11b. KIND OF BUSINESS OR INDUSTRY: Creamery

12. MOTHER'S MAIDEN NAME: a. (First) Elsie; b. (Middle) ———; c. (Last) Merrifield

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Edward Voll

18a. LENGTH OF PREGNANCY: 29 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS. X 36.5

19. Was a standard serological test for syphilis performed? Yes X No
X Approximate date Oct 15, 1959

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Retroplacental Clot

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

X *I hereby certify that I attended the birth of this child who was born dead on the date stated above at* 6:00 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] MD

23b. DATE SIGNED: 2-15-60

23c. ATTENDANT'S ADDRESS: Bonners Ferry

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Feb. 27, 1960

25c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

25d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: March 2, 1960

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR: Don C. Zachary ADDRESS: Bonners Ferry

Hillcrest Memorial Chapel

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 022
Local Reg. No. 3
Reg. Dist. No. 36-3

RECEIVED
FEB 23 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2223 Indiana St.

3. CHILD'S NAME (Type or Print): DELORES ANN ERNEST

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 12, 1960

7. FATHER'S NAME: a. (First) ALLEN b. (Middle) ERNEST c. (Last)

8. COLOR OR RACE: White

9. AGE (At time of this birth): 18 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Clerk

11b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

12. MOTHER'S MAIDEN NAME: a. (First) Nancy b. (Middle) Croft c. (Last)

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Billings, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Allan Ernest

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y39.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown - Macerated fetus

20b. MATERNAL CAUSES: Unknown

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: intra uterine death 3rd trimester

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: 2/15/60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-15-60

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 17, 1960

REGISTRAR'S SIGNATURE: Mrs. Janet Steck

26. FUNERAL DIRECTOR: SHEPHERD MORTUARY

ADDRESS: Nampa, Ida.

Form DPH-48020

AUG 16 2004

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 023
Local Reg. No. 12
Reg. Dist. No. 5-4-0

RECEIVED FEB 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
F	SINGLE ☑ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	2 12 60

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
S.	Newton	Hart	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Preston Idaho	Artist	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Eva		Kershaw	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	Middleton Idaho	3		

17. INFORMANT

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
44 WEEKS	LBS. OZS.	Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Unknown
20b. MATERNAL CAUSES Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE C. R. Cutler (Specify if M. D., midwife, or other) MD
23b. DATE SIGNED 2-13-60
23c. ATTENDANT'S ADDRESS Preston Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
	2-15-1960		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
2-15-60	Effie M. Brower		

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 024
Local Reg. No. 7
Reg. Dist. No. 651

RECEIVED MAR 18 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Montana. b. COUNTY: Gallatin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Yellowstone
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby. Parmly.

4. SEX: Male

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH: (Month) Feb. (Day) 27 (Year) 60

7. FATHER'S NAME: a. (First) Glen. b. (Middle) N. c. (Last) Parmly

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): North Dakota

11a. USUAL OCCUPATION: Operator

11b. KIND OF BUSINESS OR INDUSTRY: Service Station Gasoline & Oil

12. MOTHER'S MAIDEN NAME: a. (First) Martha. b. (Middle) -- c. (Last) Woodlow,

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): St. Louis Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Montana. x Glen N Parmly West Yellowstone

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ✓ No ☐
Approximate date July 59 Y 39.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine Death, Cause undetermined

20b. MATERNAL CAUSES: Rh negative

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: 29 Feb. 60

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician — **24. SIGNATURE OF AUTHORIZED OFFICIAL** TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial.

25b. DATE: Feb 29th. 60.

25c. NAME OF CEMETERY OR CREMATORY: Pineview

25d. LOCATION (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: Mar 10-60

REGISTRAR'S SIGNATURE: M. L. Hansen

26. FUNERAL DIRECTOR: Lewis Rier ADDRESS: Ashton Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 025
Local Reg. No. 771
Reg. Dist. No. 442

RECEIVED FEB 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 1
d. STREET ADDRESS (If rural, give location): Rural 1 Jerome

3. CHILD'S NAME (Type or Print): Frederick Scott Otto

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): February 1 1960

7. FATHER'S NAME: a. (First) Gary b. (Middle) D c. (Last) Otto

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Jerome Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Charlene b. (Middle) c. (Last) Hageman

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24.1 YEARS

15. BIRTHPLACE (State or foreign country): Oklahoma

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: X Darcy D. Otto

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y 30.65

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: (autopsy) No cause of death found
20b. MATERNAL CAUSES: Possible Hypothyroidism

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)

23b. DATE SIGNED: 2/1/60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: R. Woodson Creed, MD. TITLE: Pathologist

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Feb 2.60

25c. NAME OF CEMETERY OR CREMATORY: Jerome

25d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 2-1-60

REGISTRAR'S SIGNATURE: Lynda Lowe

26. FUNERAL DIRECTOR: J.R. Wiley

ADDRESS: Jerome Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 026
Local Reg. No. 1
Reg. Dist. No. 120

RECEIVED FEB 23 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosptial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Route #2, Box 181

3. CHILD'S NAME (Type or Print): INFANT BOY KELLEY

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 9 1960

7. FATHER'S NAME: a. (First) Donald b. (Middle) C. c. (Last) Kelley

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Bennington, Vermont

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Real Estate

12. MOTHER'S MAIDEN NAME: a. (First) Neva b. (Middle) L. c. (Last) Shahan

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Donald C. Kelley

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 10-27-59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital cord constriction at abdominal juncture c hemostasis (tourniquet effect) Y36.0

20b. ~~MATERNAL CAUSES~~: accomplished by traction on cord by fetal arm

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta accreta

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. Barclay M.D.

23b. DATE SIGNED: 2-10-60

23c. ATTENDANT'S ADDRESS

NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-11-1960

25c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Feb. 17, 1960

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR ADDRESS: Don English Coeur d'Alene, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 027
Local Reg. No. 21
Reg. Dist. No. 120

RECEIVED FEB 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hosptla

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 207 Poplar Ave.

3. CHILD'S NAME (Type or Print): Infant Boy Newcomb

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 15 1960

7. FATHER'S NAME: a. (First) B. b. (Middle) W. c. (Last) Newcomb

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Singer Sewing

12. MOTHER'S MAIDEN NAME: a. (First) Sharon b. (Middle) K. c. (Last) Jensen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: W. Wray Wilson

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Sept 22, 1959 Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Wray Wilson, MD

23b. DATE SIGNED: Feb 16, 1960

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-18-60

25c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Feb. 23, 1960

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR ADDRESS: Billy J. Duff: Coeur d'Alene, Idaho
English Funeral Chapel

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. C28
Local Reg. No. 23
Reg. Dist. No. 200

RECEIVED FEB 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 815 West "A" St.

3. CHILD'S NAME (Type or Print): BABY GIRL LOVEL

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 11, 1960

7. FATHER'S NAME: a. (First) R. b. (Middle) Cecil c. (Last) Lovel

8. COLOR OR RACE: White

9. AGE (At time of this birth): 57 YEARS

10. BIRTHPLACE (State or foreign country): Bonner Co. Idaho

11a. USUAL OCCUPATION: Lumber & Supply

11b. KIND OF BUSINESS OR INDUSTRY: Lumber yard

12. MOTHER'S MAIDEN NAME: a. (First) Hildur b. (Middle) G. c. (Last) Widing

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): Canada

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: R. Cecil Lovel

18a. LENGTH OF PREGNANCY: 41 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: Y 34.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None found.

20b. MATERNAL CAUSES: Apparently inadequate pelvis for size of fetus

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prolonged difficult 3rd stage labor

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:25 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Lewis H Hart MD.

23b. DATE SIGNED: 2-19-60

23c. ATTENDANT'S ADDRESS: Troy, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-15, 1960

25c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

25d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/23/60

REGISTRAR'S SIGNATURE: Lois E Skoog

26. FUNERAL DIRECTOR: Ronald Ward ADDRESS: Moscow, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED MAR 28 1960 Bureau of Vital Statistics

State File No. 029
Local Reg. No. 22
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH a. COUNTY: Benewah	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hosp.	d. STREET ADDRESS (If rural, give location): Route 2

3. CHILD'S NAME (Type or Print): Kathleen Ann Christensen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March 18, 1960

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Alan	Peter	Christensen	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Spokane, Washington	Timber Boss	Lumber Company

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Dorothy	Louise	Hainline	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	Galesburg, Illinois	5	0	0

17. INFORMANT: Mrs. Dorothy Christensen, Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes X No
26 WEEKS	4 LBS. OZS.	Approximate date March 9, 1960 Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: Undetermined (Mother is Rh negative [illegible] this is a guess)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:10 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. D. Thurston M.D.

23b. DATE SIGNED: 3-18-60

23c. ATTENDANT'S ADDRESS: St. Maries, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	March 18, 1960	Benewah Hospital	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
3-21-60	Beatrice L. Mitchell	Gerald Browning St. Maries

Form DPH-48020

4437-60

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 030
Local Reg. No. 33
Reg. Dist. No. 600

RECEIVED APR 13 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): General Delivery

3. CHILD'S NAME (Type or Print): Rita Villapando

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March 27 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Buddy		Villapando	Mexican

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
23 YEARS	Warland, Wyo,	U.S. Army	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Becky	Lea	Bueno	Mexican

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17 YEARS	Riverton, Wyo.	One	One	None

17. INFORMANT: X Becky V. Villapando Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
24 WEEKS	LBS. OZS.	Approximate date Mar. Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known — other than
20b. MATERNAL CAUSES: Prematurity —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:45AM *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard Nixon, M. D.
23b. DATE SIGNED: Mar. 31, 1960
23c. ATTENDANT'S ADDRESS: Blackfoot
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	3-27-60	Bingham Memorial Hos.	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: June 6 1960
REGISTRAR'S SIGNATURE: Mrs Coolan E. Patene
26. [redacted] acting: John Pena
ADDRESS: Blackfoot Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED APR 4 1960 Bureau of Vital Statistics

State File No. 031
Local Reg. No. 25
Reg. Dist. No. 1-2

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): P O Box 367

3. CHILD'S NAME (Type or Print): Baby Boy Halliday # 1

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 5, 1960

7. FATHER'S NAME: a. (First) Paul; b. (Middle) R.; c. (Last) Halliday

8. COLOR OR RACE: Cauc

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): Clinton, Iowa

11a. USUAL OCCUPATION: Accountant

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Emajean; b. (Middle) Mae; c. (Last) Fishbaugh

13. COLOR OR RACE: Cauc

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Paul R. Halliday Father

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No X
Approximate date: Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: undetermined

20b. MATERNAL CAUSES: undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none known

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:15 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: March 21, 1960

23c. ATTENDANT'S ADDRESS: Sandpoint, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremated

25b. DATE: 3-23-60

25c. NAME OF CEMETERY OR CREMATORY: Bon Gen'l Hospital

25d. LOCATION (City, town, or county) (State): Sandpoint Bonner Idaho

DATE REC'D BY LOCAL REG.: 4-1-60

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR ADDRESS: [signature] Sandpoint, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 032
Local Reg. No. 21
Reg. Dist. No. 12

RECEIVED APR 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): P O Box 367

3. CHILD'S NAME (Type or Print): Baby Boy Halliday # 2

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 5, 1960

7. FATHER'S NAME: a. (First) Paul; b. (Middle) R.; c. (Last) Halliday

8. COLOR OR RACE: Cauc

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): Clinton, Iowa

11a. USUAL OCCUPATION: Accountant

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Emajean; b. (Middle) Mae; c. (Last) Fishbaugh

13. COLOR OR RACE: Cauc

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Paul R. Halliday Father

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No X.....
Approximate date: y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: undetermined

20b. MATERNAL CAUSES: undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none known

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:15 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: March 21, 1960

23c. ATTENDANT'S ADDRESS: Sandpoint, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 3-23-60

25c. NAME OF CEMETERY OR CREMATORY: Bon. Gen. Hospital

25d. LOCATION (City, town, or county) (State): Sandpoint, Bonner, Idaho

DATE REC'D BY LOCAL REG.: 4-1-60

REGISTRAR'S SIGNATURE: Caroline Walker

26. FUNERAL DIRECTOR ADDRESS: Ervin Smith Sandpoint, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 033
Local Reg. No. 37
Reg. Dist. No. 110

REC APR 18 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location): Star Route

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 24, 1960

7. FATHER'S NAME
a. (First): Gilbert b. (Middle): Franklin c. (Last): Hay

8. COLOR OR RACE: White

9. AGE (At time of this birth): 51 YEARS

10. BIRTHPLACE (State or foreign country): Defiance, Ohio

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Mary b. (Middle): Jean c. (Last): Fleming

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country): New Straitsville, Ohio

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Gilbert Hay - Mother

18a. LENGTH OF PREGNANCY: 39½ WEEKS

18b. WEIGHT AT BIRTH: Not weighed LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 10-7-59 Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Malnutrition

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Foetal death in utero at 7 months.

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): William C Hayden M D

23b. DATE SIGNED: 4-5-60

23c. ATTENDANT'S ADDRESS: Sandpoint, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: March 24, 1960

25c. NAME OF CEMETERY OR CREMATORY: Bonner General Hospital

25d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 4-15-60

REGISTRAR'S SIGNATURE: Caroline Walker

26. FUNERAL DIRECTOR Ewl Smith ADDRESS: Sandpoint, Idaho

Form DPH-48020

MAR 1 7 1977

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 034
Local Reg. No. 767
Reg. Dist. No. 470

RECEIVED APR 1 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1527 Normal Ave.

3. CHILD'S NAME (Type or Print): Anna Marie Worwood

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 19, 1960

7. FATHER'S NAME: a. (First) Varian b. (Middle) K. c. (Last) Worwood

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Oakley, Idaho

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Idaho Implement

12. MOTHER'S MAIDEN NAME: a. (First) Marjorie b. (Middle) Anna c. (Last) Bunn

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Heyburn, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Marian K. Worwood

18a. LENGTH OF PREGNANCY: 34 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS. 6 lbs 5 oz

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 9-24-59.

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Infarcts Placenta + Fibrosis

20b. MATERNAL CAUSES: Toxemia 2-11-60 to Birth

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia 2-11-60 to birth

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] Kircher MD

23b. DATE SIGNED: 3-21-60

23c. ATTENDANT'S ADDRESS: Burley Idaho

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Mar. 22, 1960

25c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens,

25d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar 30, 1960

REGISTRAR'S SIGNATURE: Doris L. Hart

26. FUNERAL DIRECTOR: Kemp B. McCulloch

ADDRESS: Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 035
Local Reg. No. 24
Reg. Dist. No.

RECEIVED MAR 24 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. CHILD'S NAME (Type or Print): Baby Girl Brooks

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 19, 1960

7. FATHER'S NAME: a. (First) Douglas b. (Middle) Barry c. (Last) Brooks

8. COLOR OR RACE: white

9. AGE (At time of this birth): 18 YEARS

10. BIRTHPLACE (State or foreign country): Emmett, Idaho

11a. USUAL OCCUPATION: student

11b. KIND OF BUSINESS OR INDUSTRY: high school

12. MOTHER'S MAIDEN NAME: a. (First) Carron b. (Middle) Estell c. (Last) Phelps

13. COLOR OR RACE: white

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Craigmont, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Douglas Brooks

18a. LENGTH OF PREGNANCY: 18 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 0 OZS.

19 Was a standard serological test for syphilis performed? Yes. [X] No. [ ]
Approximate date: Dec. 1959 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Immaturity

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hyperemesis gravidarum

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED: March 21-1960

23c. ATTENDANT'S ADDRESS: Emmett, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Mar. 21, 1960

25c. NAME OF CEMETERY OR CREMATORY: Emmett

25d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Mar 20, 1960

REGISTRAR'S SIGNATURE: Glenn C Beatty

26. FUNERAL DIRECTOR ADDRESS: THE BEATTY CHAPEL Emmett, Idaho

Glenn C Beatty

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED MAR 23 1960 Bureau of Vital Statistics

State File No. 036
Local Reg. No. 17
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Oregon
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halfway
d. STREET ADDRESS (If rural, give location): Star Rt # 2

3. CHILD'S NAME (Type or Print): ROBERT N.M.N. POOLE

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 11, 1960

7. FATHER'S NAME: a. (First) William b. (Middle) B c. (Last) Poole

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): St Maries, Idaho

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Alice b. (Middle) Katherine c. (Last) Leonard

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: William B. Poole

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Dec 1959 Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Passive premature placental separation.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Bleeding 2 weeks before delivery

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Donald Saltmarsh M.D.

23b. DATE SIGNED: 15 Mar 60

23c. ATTENDANT'S ADDRESS: Grangeville, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: March 11, 1960

25c. NAME OF CEMETERY OR CREMATORY: Prairieview

25d. LOCATION (City, town, or county) (State): Grangeville

DATE REC'D BY LOCAL REG: Mar. 18, 1960

REGISTRAR'S SIGNATURE: Irma Cone

26. FUNERAL DIRECTOR Robert Hansen ADDRESS: Robertson-Hansen Funeral Home Grangeville

Form DPH-48020

PHS-797(VS) Brooks
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED APR 18 1960 Bureau of Vital Statistics

State File No. 037
Local Reg. No. 37
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 935 Cedar

3. CHILD'S NAME (Type or Print): Baby Boy Austin

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) Mar (Day) 29 (Year) 1960

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) Dale c. (Last) Austin

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Nebraska

11a. USUAL OCCUPATION: mill worker

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME: a. (First) Gloria b. (Middle) Ann c. (Last) Hadaller

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Kenneth Austin

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ← No
Approximate date: Sept. 1959 Y 36.1

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: (1) Placenta Previa (2) Shock Secondary, Severe

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Previa, hemorrhage

22. STATE ALL OPERATIONS FOR DELIVERY: C. Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:46 P. m.

23a. ATTENDANT'S SIGNATURE: R. W. Brooks (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: 4-4-60

23c. ATTENDANT'S ADDRESS: Moscow Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 3-31-1960

25c. NAME OF CEMETERY OR CREMATORY: Potlatch Cemetery

25d. LOCATION (City, town, or county) (State): Potlatch Idaho

DATE REC'D BY LOCAL REG.: 4/7/60

REGISTRAR'S SIGNATURE: Lois E. Skaug

26. FUNERAL DIRECTOR: David R. Tate ADDRESS: Moscow, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 038
Local Reg. No. 40
Reg. Dist. No. 220

RECEIVED MAR 22 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Ada Rose Allen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 3, 1960

7. FATHER'S NAME: a. (First) Philip; b. (Middle) Gordon; c. (Last) Allen

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Culdesac, Idaho

11a. USUAL OCCUPATION: logging

11b. KIND OF BUSINESS OR INDUSTRY: lumbering

12. MOTHER'S MAIDEN NAME: a. (First) Clarice A; b. (Middle) Amy; c. (Last) McConville

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Lapwai, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Clarice A Allen

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 14½ OZS.

19. Was a standard serological test for syphilis performed? Yes XX No ..... Approximate date September, 1959 Y 39.6

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Ruptured Membr 36 hrs @ home,

22. STATE ALL OPERATIONS FOR DELIVERY: Manual delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:57 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. R. Pearce M.D.

23b. DATE SIGNED: 3/7/60

23c. ATTENDANT'S ADDRESS: Lewiston, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: 3/8/1960

25c. NAME OF CEMETERY OR CREMATORY: Spalding

25d. LOCATION (City, town, or county) (State): Spalding, Nez Perce, Idaho

DATE REC'D BY LOCAL REG.: 3/9/60

REGISTRAR'S SIGNATURE: Cora Kenzer

26. FUNERAL DIRECTOR: Brower-Wann by H. H. Malcom

ADDRESS: Lewiston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 139
Local Reg. No. 43
Reg. Dist. No. 220

RECEIVED MAR 21 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 1906 16th Avenue

3. CHILD'S NAME (Type or Print): William David Dickinson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March 8, 1960

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	DONALD	Levaughn	DICKINSON	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Lewiston, Idaho	millworker (lumber)	Lumber

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	[illegible]	Gene	Barnett	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
24 YEARS	Lewiston, Idaho	2	0	0

17. INFORMANT: [illegible]

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes / No
35 WEEKS	LBS. OZS.	Approximate date November, 1959 Y32.3

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Post-mortem examination failed to reveal fetal cause of death.
20b. MATERNAL CAUSES: Pre-eclamptic toxemia.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia, last trimester.
22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:26 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. J. Collister, M.D.
23b. DATE SIGNED: 3-12-60
23c. ATTENDANT'S ADDRESS: Lewiston, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	3/12/60	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
3/15/60	Cora Kinzer	Brower-Wann by V. H. Malcom	Lewiston, Idaho

Form DPH-48020

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 25
Local Reg. No. 25
Reg. Dist. No. 142

RECEIVED MAR 21 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY: Shoshone	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General Hospital	d. STREET ADDRESS (If rural, give location): Box 652

3. CHILD'S NAME (Type or Print): LONNIE HAWLEY

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE ☒ TWIN ☒ TRIPLET ☐	1ST ☐ 2ND ☒ 3RD ☐	March 2, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
George R.		Hawley	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Silverton, Oregon	Draftsman	Mining

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Francis	E.	Strom	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
33 YEARS	Priest River Idaho	4		2

17. INFORMANT: George Hawley

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes ___ No ___ Approximate date
WEEKS	2 LBS. 4 OZS.	36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature separation of placenta. Toxemia of pregnancy.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Toxemia. Premature separation of placenta	None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Robert K. Cordwell MD

23b. DATE SIGNED: 8 March 1960

23c. ATTENDANT'S ADDRESS: Kellogg Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	March 3, 1960	Greenwood Cemetery	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
3-14-60	[signature]	Donald Maisel

Form DPH-48020

1st Twin born alive

041

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 26
Reg. Dist. No. 142

RECEIVED MAR 21 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silver King
d. STREET ADDRESS (If rural, give location): P.O. Box Kellogg, Idaho

3. CHILD'S NAME (Type or Print): BABY BOY HUSTON

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March 3, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Harvey		Huston	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
31 YEARS	Pasco, Washington	Miner	Mining

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Louise		Burkhart	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	Kellogg, Idaho	4	None	2

17. INFORMANT: Harvey Huston

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date
36 WEEKS	LBS. OZS.	Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis Placenta
20b. MATERNAL CAUSES: "

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD
23b. DATE SIGNED: 3/14/60
23c. ATTENDANT'S ADDRESS: Kellogg
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Mar. 5, 1960	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
3-14-60	[illegible]	Donald Hasel Kellogg Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 042
Local Reg. No.
Reg. Dist. No.

REC'D APR 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 312 Elm St.

3. CHILD'S NAME (Type or Print): Baby Boy Lees

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 3 1960

7. FATHER'S NAME: a. (First) Victor; b. (Middle) Ray; c. (Last) Lees

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Kellogg Idaho

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY: Deputy Sheriff

12. MOTHER'S MAIDEN NAME: a. (First) Loretta; b. (Middle) Jean; c. (Last) Dotson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Burke Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Loretta Jean Lees Mother

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y 36-2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature Separation placenta (3 hours before birth)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): E. H. Brunell MD

23b. DATE SIGNED: 3/9/60

23c. ATTENDANT'S ADDRESS: Wallace, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 3-9-60

25c. NAME OF CEMETERY OR CREMATORY: United

25d. LOCATION (City, town, or county) (State): Wallace, Idaho

DATE REC'D BY LOCAL REG.: 3-9-60

REGISTRAR'S SIGNATURE: Dale F Cornell

26. FUNERAL DIRECTOR ADDRESS: Dale F Cornell Wallace Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 043
Local Reg. No.
Reg. Dist. No.

RECEIVED APR 4 1960 BUREAU OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hosp and Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bx 211
d. STREET ADDRESS (If rural, give location): Osburn Idaho

3. CHILD'S NAME (Type or Print): Jeff. Knapp

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	3 5 60

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Jack	Monte	Knapp	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Argenta Mont.	Miner	Mining

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Nancy	Dawn	Shafer	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	Dillon Mont.	4	0	0

17. INFORMANT: Nancy Dawn Knapp M.

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes X No
36 WEEKS	2 LBS. 10¼ OZS.	Approximate date 1-16-60 38.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus
20b. MATERNAL CAUSES: Poly Hydramnios

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.
23b. DATE SIGNED: 7 March 60
23c. ATTENDANT'S ADDRESS: Wallace
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Mar 7-1960	United	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
Mar 7 1960	Dale F Connell	Dale F Connell Wallace Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 044
Local Reg. No. 098
Reg. Dist. No. 46

RECEIVED APR 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls
d. STREET ADDRESS (If rural, give location): Rte 3

3. CHILD'S NAME (Type or Print): Dale Scott Arrington.

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 2 - 30 - 60

7. FATHER'S NAME: a. (First) Donald; b. (Middle) C; c. (Last) Arrington

8. COLOR OR RACE: W

9. AGE (At time of this birth) YEARS:

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Cleone; b. (Middle); c. (Last) Baird

13. COLOR OR RACE: W

14. AGE (At time of this birth) YEARS: 27

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Don C Arrington

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 13½ OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 11-5-59 X 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: polyhydramnios

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:19 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harvey D. Van Wieren, MD

23b. DATE SIGNED: 3/30/60

23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: APR. 1-1960

25c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

25d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Mar 31, 1960

REGISTRAR'S SIGNATURE: Lenora O'Hara

26. FUNERAL DIRECTOR ADDRESS: John F. Wilkerson Twin Falls

Form DPH-48020

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 094045
Local Reg. No. 460
Reg. Dist. No. 460

RECEIVED APR 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimberly
d. STREET ADDRESS (If rural, give location) Box 221

3. CHILD'S NAME (Type or Print) Michael Patrick Mc Carry

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) March (Day) 30 (Year) 1960

7. FATHER'S NAME a. (First) Robert b. (Middle) Patrick c. (Last) Mc Garry

8. COLOR OR RACE W

9. AGE (At time of this birth) 20 YEARS

10. BIRTHPLACE (State or foreign country) California

11a. USUAL OCCUPATION Cheese Maker

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) Ann c. (Last) Brown

13. COLOR OR RACE W

14. AGE (At time of this birth) 20 YEARS

15. BIRTHPLACE (State or foreign country) Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs. Bob McGarry

18a. LENGTH OF PREGNANCY 40 WEEKS

18b. WEIGHT AT BIRTH 5 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 10-15-59 Y30.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Intrauterine Pediatric (Immature type) (Toxemia)

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:00 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [signature]

23b. DATE SIGNED 3-17-60

23c. ATTENDANT'S ADDRESS Twin Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremated

25b. DATE 4/1/60

25c. NAME OF CEMETERY OR CREMATORY Magic Valley Mem. Hosp.

25d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. April 7, 1960

REGISTRAR'S SIGNATURE Lenora O. Forman

26. FUNERAL DIRECTOR J. Woodson Creed, M. D. ADDRESS Twin Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 046
Local Reg. No. 153
Reg. Dist. No. 370

RECEIVED MAY 2 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2213 N. 26th. St.

3. CHILD'S NAME (Type or Print): SUZANNE MARIE RALSTIN

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 19, 1960

7. FATHER'S NAME: a. (First) Clyde; b. (Middle) Willis; c. (Last) Ralstin

8. COLOR OR RACE: White

9. AGE (At time of this birth): 60 YEARS

10. BIRTHPLACE (State or foreign country): Palouse, Wn.

11a. USUAL OCCUPATION: Contractor

11b. KIND OF BUSINESS OR INDUSTRY: Gen. Bldg.

12. MOTHER'S MAIDEN NAME: a. (First) Grace; b. (Middle) Marie; c. (Last) Cyr

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Missoula, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Clyde W. Ralstin

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Nov. 1959 Y 38.7

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Extreme moulding of head. Very short cord

20b. MATERNAL CAUSES: Congenital Malformation of lower uterine Segment - Contraction - & no evidence of Cervix

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Very weak & irregular pains

22. STATE ALL OPERATIONS FOR DELIVERY: Sudden Hyst. Early labor Heart beat ceased

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carl B. Smithson M.D.

23b. DATE SIGNED: 4-21-60

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/22/1960

25c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

25d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 4-25-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 047
Local Reg. No. 154
Reg. Dist. No. 320

RECEIVED MAY 2 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Booth Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boise
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho City
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Hulse

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [x] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 21 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Unknown	x	Unknown	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
Unknown YEARS	Unknown	Unknown	Unknown

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Rose	Margaret	Hulse	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18 YEARS	Oregon	0	0	0

17. INFORMANT: Rose Margaret Hulse

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No	
40 WEEKS	7 LBS. 8 OZS.	Approximate date 12-15-59	Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrapartum death (prior to the active labor) cause unknown
20b. MATERNAL CAUSES: Unknown.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Difficult delivery

22. STATE ALL OPERATIONS FOR DELIVERY: Outlet forceps

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:22 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Mary L. Hoddress M.D.
23b. DATE SIGNED: April 23, 1960
23c. ATTENDANT'S ADDRESS: 515 Eastman Bldg Boise
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	4/25/60	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
4-28-60	Myrtle Palmer	Dale McMurtrey SUMMERS FUNERAL HOME	Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 048
Local Reg. No. 163
Reg. Dist. No. 370

RECEIVED MAY 3 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOOTH MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): JANET LYNN BEDFORD

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
FEMALE	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 26 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Unknown			Unknown

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
Unknown YEARS	Unknown	Unknown	Unknown

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
SUE	ANN	BEDFORD	WHITE

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
20 YEARS	Missouri	0	0	0

17. INFORMANT: Sue Ann Bedford

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
30 WEEKS	Unknown LBS. OZS.	Approximate date November 24, 1959 Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: INTRAUTERINE FETAL DEATH - ETIOLOGY UNDETERMINED
20b. MATERNAL CAUSES: NONE APPARENT

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: PREMATURE LABOR - 7½ mos GESTATION
22. STATE ALL OPERATIONS FOR DELIVERY: NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Bernard A Drourhed
23b. DATE SIGNED: 26 Apr 60
23c. ATTENDANT'S ADDRESS:
If NOT attended by physician — 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	4/27/60	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
5-2-60	Myrtle Palmer	SUMMERS FUNERAL HOME	Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 049
Local Reg. No. 1
Reg. Dist. No. 300

RECEIVED APR 28 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital, Inc.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): None

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 19 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
MELVIN	AKEOAKALANI	BENZ	Hawaiian

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Hawii	Cook	Restaurant

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
LEAH	RAE	MCINELLY	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
21 YEARS	Goshen, Idaho	------	--------	--------

17. INFORMANT: Leah Rae Benz — Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
38 WEEKS	not weighed LBS. OZS.	Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Occlusion of cord (knot)
20b. MATERNAL CAUSES: 0

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0

22. STATE ALL OPERATIONS FOR DELIVERY: 0

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:30 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]
23b. DATE SIGNED: 4-19-60
23c. ATTENDANT'S ADDRESS: Council, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	4-19-60	Council Cemetery	Council, Idaho

DATE REC'D BY LOCAL REG.: 4-19-60
REGISTRAR'S SIGNATURE: [signature]
26. FUNERAL DIRECTOR ADDRESS: Rubeck McInelly - Council, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 050
Local Reg. No. 68
Reg. Dist. No. 520

RECEIVED MAY 6 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 438 West Sherman

3. CHILD'S NAME (Type or Print): Baby Boy Allred

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 25 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Blaine	Alan	Allred	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Ogden, Utah	Mechanic	City Motor Co.

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Sandra	Faye	Willson	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18 YEARS	Pocatello, Idaho	0	0	0

17. INFORMANT: Mrs. Sandra Allred

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed?
28 WEEKS	2 LBS. 2 OZS.	Yes X No Approximate date Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None found
20b. MATERNAL CAUSES: None found

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L. J. Wright, M.D.
23b. DATE SIGNED: 4-25-60
23c. ATTENDANT'S ADDRESS: Pocatello Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Cremation	4-25-60	Bannock Memorial Hospital	Pocatello	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
MAY 4 1960	Gloria Lopeta	Ferrell-Redman Chapel

Form DPH-48020

PHS-797(VS) 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

4447-60

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED APR 18 1960 Bureau of Vital Statistics

State File No. 051
Local Reg. No. 16
Reg. Dist. No. 6aa

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route # 3

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
undetermined	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 6 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
James	Donald	Moss	Indian

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Fort Hall, Idaho	Operator	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Sarah	Jean	Sanders	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
19 YEARS	Palo Alto, Calif.	One	None	None

17. INFORMANT: Jean Moss Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
37 WEEKS	4 LBS. 2 OZS.	Approximate date Dec.

y 38.7

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital Malformation
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:40A *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard Nixon, M. D.
23b. DATE SIGNED: April 11, 1960
23c. ATTENDANT'S ADDRESS: Blackfoot
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	4-6-60	Bingham Memorial Hosp.	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Apr. 12-1960
REGISTRAR'S SIGNATURE: Mrs Walter E. Davies
26. ~~FUNERAL DIRECTOR~~ ADDRESS: Ingvald Tonk, Blackfoot

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 052
Local Reg. No. 68
Reg. Dist. No. 6.0.4.

RECEIVED MAY 2 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 751 S. University St.

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 13 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Gilbert	Lee	Halverson	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Spokane, Washington	U.S. Navy	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Patricia	Lillian	Duescher	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	Everett, Washington	One	None	None

17. INFORMANT: Patty Blood – Office clerk

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
22 WEEKS	LBS. OZS.	Approximate date Oct. 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity – Premature birth
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:15A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard Nixon, M. D.
23b. DATE SIGNED: 4-17-60
23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	Apr. 13, 1960	Bingham Memorial Hosp.	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. ~~FUNERAL DIRECTOR~~ acting	ADDRESS
Apr. 29 1960	Mrs. Evalen E. Talen	Ingvald Tonk	Blackfoot, Idaho

Form DPH-48020

PHS-797(VS) 4485-60
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 053
Local Reg. No. 44
Reg. Dist. No. 600

RECEIVED MAY 16 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route # 3

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE ☐ TWIN ☒ TRIPLET ☐	1ST ☒ 2ND ☐ 3RD ☐	April 29 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Leonard	James	Seelos	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Pocatello, Idaho	Instrumentman	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Betty	Ann	Swofford	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
20 YEARS	Twin, Falls, Idaho	Two	None	None

17. INFORMANT: Betty A. Seelos Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..x..... No..... Approximate date
28 WEEKS	LBS. OZS.	Mar. Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: ~~Prematurity~~ Cause unknown

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:04P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard Nixon, M. D.
23b. DATE SIGNED: May 5, 1960
23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
cremation	April 29, 1960	Bingham Memorial Hosp.	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. [redacted] OR Actg.	ADDRESS
May 14-1960	Mrs Walter E. Peterson	Fred Smith	Blackfoot Idaho

Form DPH-48020

2nd Twin born dead

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 11 1960
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 054
Local Reg. No. 98
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter-day Saints Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location) 248½ Broadway

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Feb. 19 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS			

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Betty		Willt	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	St. Francis, Kansas	0	0	0

17. INFORMANT
Betty Willt

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes ____ No ____ Approximate date
32 WEEKS	1 LBS. 7 OZS.	Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Developmental defficiency
20b. MATERNAL CAUSES

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Phillip M. Lemon MD
23b. DATE SIGNED 4-23-60
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	2-24-60	L.D.S. Hospital	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. April 29-60
REGISTRAR'S SIGNATURE Anna a Rudgier
26. FUNERAL DIRECTOR ADDRESS home

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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MAY 11 1960
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 055
Local Reg. No. 96
Reg. Dist. No. 6-10

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 1041 Ada Avenue

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 10 1960

7. FATHER'S NAME: a. (First) Emerson; b. (Middle) Lloyd; c. (Last) Ricks

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Hibbard, Idaho

11a. USUAL OCCUPATION: Part Owner

11b. KIND OF BUSINESS OR INDUSTRY: Hart's Bakery

12. MOTHER'S MAIDEN NAME: a. (First) Alice; b. (Middle) Jean; c. (Last) Hart

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Alice Jean Ricks

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: September, 1959 Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Shoulder presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Podalic Version

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Dalton T. Rees M.D.

23b. DATE SIGNED: 4-13-60

23c. ATTENDANT'S ADDRESS: Idaho Falls, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: April 12, 1960

25c. NAME OF CEMETERY OR CREMATORY: L.D.S. Hospital

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 29 '60

REGISTRAR'S SIGNATURE: Emma Rudges

26. FUNERAL DIRECTOR ADDRESS: None

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 056
Local Reg. No. 19-60
Reg. Dist. No. 100

RECEIVED APR 27 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Commmunity Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): ~~(Not Named) Infant Girl Dyke~~ Rose Marie Dyke

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] ~~2ND~~ [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 19, 1960

7. FATHER'S NAME: a. (First) Stanley b. (Middle) K. c. (Last) Dyke

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Washington

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Lynette b. (Middle) E. c. (Last) Rouse

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? —
b. How many children were born alive but are now dead? —
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? —

17. INFORMANT: Stanley Dyke

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 8½ OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapsed cord

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Shoulder presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy - Internal rotation

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:06 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Frederick W. Durrie, M.D.

23b. DATE SIGNED: 4/21/60

23c. ATTENDANT'S ADDRESS: Bonners Ferry, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Apr. 23, 1960

25c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

25d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: April 23, 1960

REGISTRAR'S SIGNATURE: Vanyla Stone

26. FUNERAL DIRECTOR: Don C. Zachary

ADDRESS: Bonners Ferry, Ida.

Hillcrest Memorial Chapel

Form DPH-48020

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Kittitas

Certificate No. 60-056

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Stillbirth (Birth or Death) for Unnamed Infant Girl Dyke (Name on Original Certificate) who stillborn (Was Born or Died) on April 19, 1960 (Date of Event) in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rose Marie Dyke

Subscribed and sworn to before me this 15th day of April, 1961

D. F. Runnagle

Notary Public, residing at Ellensburg

My commission expires 1-18-64

(Seal)

X Signed Stanley Dyke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Ellensburg, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Kittitas

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1961

D. F. Runnagle

Notary Public, residing at Ellensburg

My commission expires 1-18-64

(Seal)

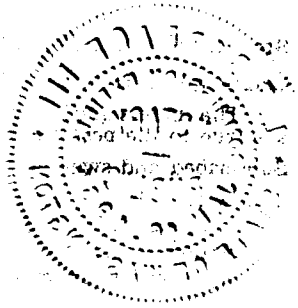
X Signed Lynette Dyke
(Signature of Any Credible Person)

Route #1, Ellensburg, Wash.
(Street Address, City, State)

FORM DH 60-155 L 3-27-61. nm

MAY 5 1961





PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 057
Local Reg. No. 20-60
Reg. Dist. No. 100

RECEIVED
MAY 11 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): —

3. CHILD'S NAME (Type or Print): Infant Boy PRATHER

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 20, 1960

7. FATHER'S NAME: a. (First) Watt; b. (Middle) Edmund; c. (Last) Prather

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Attorney

11b. KIND OF BUSINESS OR INDUSTRY: Law

12. MOTHER'S MAIDEN NAME: a. (First) Margaret; b. (Middle) Jane; c. (Last) McNamara

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Alberta, Canada

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Three
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Watt Prather

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 6½ OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Oct 1959 Y36.5

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphyxia neonatal cause

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:35 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED: 4-21-60

23c. ATTENDANT'S ADDRESS: Bonners Ferry, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: May 4, 1960

25c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

25d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: May 5, 1960

REGISTRAR'S SIGNATURE: Twyla Stone

26. FUNERAL DIRECTOR ADDRESS: Don C. Parker, Hillcrest Memorial Chapel, Bonners Ferry, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 058
Local Reg. No. 78
Reg. Dist. No. 360

RECEIVED APR 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WILDER
d. STREET ADDRESS (If rural, give location): ROUTE 2

3. CHILD'S NAME (Type or Print): David Wayne WILSON

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: April 1 1960

7. FATHER'S NAME: DANIEL ORIN WILSON

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): WILDER, IDAHO

11a. USUAL OCCUPATION: SELF EMPLOYED

11b. KIND OF BUSINESS OR INDUSTRY: FARMER

12. MOTHER'S MAIDEN NAME: FRANKIE RUTH VOIGT

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): PARK CITY, UTAH

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Frankie Ruth Wilson

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: Oct. 9, 1959 Y36.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Compression of umbilical cord

20b. MATERNAL CAUSES: Premature rupture of membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Parks H. Hoover M.D.

23b. DATE SIGNED: April 1, 1960

23c. ATTENDANT'S ADDRESS: Caldwell, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: April 2, 1960

25c. NAME OF CEMETERY OR CREMATORY: Wilder

25d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 4-7-60

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR ADDRESS: T. W. Graham

Form DPH-48020

PHS-727(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 059
Local Reg. No. 60
Reg. Dist. No. 3-1-d

RECEIVED APR 18 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): ROUTE 2

3. CHILD'S NAME (Type or Print): WILLIAM MC KINLEY SOUTHERN

4. SEX

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) APR. (Day) 6 (Year) 1960

7. FATHER'S NAME: a. (First) WILLIE b. (Middle) - c. (Last) SOUTHERN

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): AICO, ARKANSAS

11a. USUAL OCCUPATION: WEED CONTROL

11b. KIND OF BUSINESS OR INDUSTRY: COUNTY

12. MOTHER'S MAIDEN NAME: a. (First) MARJORIE b. (Middle) NADINE c. (Last) KIENITZ

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): CALDWELL, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Marjorie Nadine Southern Mother

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 11½ OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital defect of agenesis ~~of~~ ~~genital~~ ~~organs~~

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Complications of cord

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ruth E Reynolds MD

23b. DATE SIGNED: 4-9-60

23c. ATTENDANT'S ADDRESS: 2225 E Iowa

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: April 7, 1960

25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

25d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 4-12-60

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan-Davis Chapel, Caldwell, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 17 1960
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 960
Local Reg. No.
Reg. Dist. No. 3-2

1. PLACE OF STILLBIRTH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

d. STREET ADDRESS (If rural, give location): 611-15 Avenue South

3. CHILD'S NAME (Type or Print): Angela Rice

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
F	SINGLE ☐ TWIN ☒ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	April 9 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Allen	D.	Rice	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS	Minidoka, Idaho	Equipment Oper.	U.P.R.R. (Rail)

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Bonnie		Trovillion	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
YEARS	Craig, Colorado	2	0	0

17. INFORMANT: Allen D. Rice

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes X No
36 WEEKS	LBS. OZS.	Approximate date 4-36-6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Degeneration of Placenta, Polyhydramnios, Twins

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:05 P m.

23a. ATTENDANT'S SIGNATURE: T C Horton (Specify if M. D., midwife, or other): MD

23b. DATE SIGNED: 4-13-60

23c. ATTENDANT'S ADDRESS: 1223-7 St So

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	4/12/1960	Hillcrest Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
May 2, 1960	Mrs. Jenet Stockton	Alsip Funeral Chapel	Nampa, Idaho 404-10 Ave. So.

Form DPH-48020

1st Twin Baby Girl

Embalmed by--
Larry Kroush-E-447
Nampa- 4/9/1960

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 17 1960
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 061
Local Reg. No. [illegible]
Reg. Dist. No. 365

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MELBA
d. STREET ADDRESS (If rural, give location): RT. 1

3. CHILD'S NAME (Type or Print): DE NIECE JOYCE SEDLACEK

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 4/17/60

7. FATHER'S NAME: a. (First) HENRY b. (Middle) c. (Last) SEDLACEK JR.

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): UNKNOWN YEARS

10. BIRTHPLACE (State or foreign country): LOUISIANA

11a. USUAL OCCUPATION: FARMER

11b. KIND OF BUSINESS OR INDUSTRY: FARMING

12. MOTHER'S MAIDEN NAME: a. (First) FAY b. (Middle) c. (Last) CLARK

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Henry Sedlacek Jr.

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes [ ] No [ ]
Approximate date: X 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis foetalis

20b. MATERNAL CAUSES: Premature (7 Mos.) Stillborn

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 4/18/60

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 4/19/60

25c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN

25d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: May 4, 1960

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

26. FUNERAL DIRECTOR ADDRESS: SHEPHERD MORTUARY NAMPA, IDAHO
Floyd C. Lancaster

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 17 1960
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 062
Local Reg. No. 5
Reg. Dist. No. 562

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route 1

3. CHILD'S NAME (Type or Print): Baby Girl Howard

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
female	SINGLE [x] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 17, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Robert	John	Howard	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
19 YEARS		US Air Force	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Joyce	Lorraine	Durfee	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18 YEARS	Twin Falls, Idaho	0	0	0

17. INFORMANT: Burnice E. Comstock

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS.	OZS.	19. Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date	
37	7	8	4-26-60	

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Probable Prolapse of Cord
20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. Mangum M.D.
23b. DATE SIGNED: 4/20/60
23c. ATTENDANT'S ADDRESS: Nampa Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	Apr. 19-1960	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.: April 25, 1960
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
26. FUNERAL DIRECTOR: The Beatty Chapel
ADDRESS: Emmett, Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED MAY 23 1960 Bureau of Vital Statistics

State File No. 063
Local Reg. No. 77
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 2093 Normal Ave.

3. CHILD'S NAME (Type or Print): ~~Infant~~ Garland, Joseph Wayne

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Boy	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 21, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Harold	Wayne	Garland	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Caldwell, Idaho	Salesman	appliance

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Carol	Beth	Nielson	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
22 YEARS	Cascade, Idaho	2	0	0

17. INFORMANT: Wayne Garland

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes ✓ No
34 WEEKS	7 LBS. 4 OZS.	Approximate date Nov 6, 1959 Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: UNDETERMINED
20b. MATERNAL CAUSES: UNDETERMINED

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: no.

22. STATE ALL OPERATIONS FOR DELIVERY: INDUCED LABOR.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:08 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Chas M Johnson MD
23b. DATE SIGNED: 5 May 1960
23c. ATTENDANT'S ADDRESS: Burley Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Removal	4/23/60	Hillcrest Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
May 19, 1960	Doris L Hart	J Smith Graffis	Burley

Form DPH-48020

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 60-63

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of stillbirth (Birth or Death)
for Infant Garland (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1960 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Infant Garland	Joseph Wayne Garland

Subscribed and sworn to before me this 30th day of March, 1962

Notary Public, residing at Burley, Idaho

My commission expires July 1, 1965

(Seal)

Signed Mrs. Wayne Garland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2232 Normal, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1962

Notary Public, residing at Boise

My commission expires 24 December 1964

(Seal)

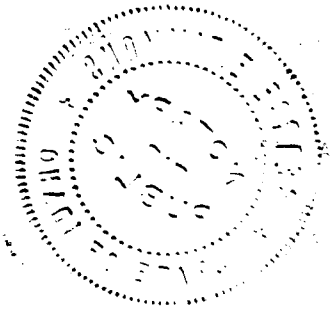
Signed Larry Nielson
(Signature of Any Credible Person)

2220 Columbia Ave.
Boise Idaho
(Street Address, City, State)

FORM DH 60-155

APR 19 1962





PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 064
Local Reg. No. 34
Reg. Dist. No. 210

RECEIVED MAY 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): MATHEW LANE VONK

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	4-19-1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
William	L.	Vonk	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	East Peoria, Ill.	Logger	Logging

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Elsie	M.	Ladd	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
31 YEARS	Orofino, Idaho	4	2	None

17. INFORMANT: William R Vonk

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes ✓ No
38 WEEKS	5 LBS. 4 OZS.	Approximate date Dec. 1959 Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Fetal anoxia

20b. MATERNAL CAUSES: marginal sinus bleeding severe

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none other than above.

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:25 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): McConnell, md

23b. DATE SIGNED: 4-20-60

23c. ATTENDANT'S ADDRESS: Orofino Idaho

If NOT attended by physician | 24. SIGNATURE OF AUTHORIZED OFFICIAL | TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Burial	4-22-1960	Weseman Cemetery	Orofino	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
April 25, 1960	Ruth Zeller	W. E. Gilbert	Orofino
		Gilbert's Funeral Chapel	

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED APR 26 1960 Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 065
Local Reg. No. 28
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: MOUNTAIN HOME AIR FORCE BASE, IDA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO b. COUNTY: ELMORE
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): 109 EAST 8TH NORTH

3. CHILD'S NAME (Type or Print): LINDA LOU THOMPSON

4. SEX: FEMALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): MARCH 23 1960

7. FATHER'S NAME: a. (First) BENNY b. (Middle) RAY c. (Last) THOMPSON

8. COLOR OR RACE: CAU

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): ARKANSAS, BLYTHEVILLA

11a. USUAL OCCUPATION: USAF

11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME: a. (First) LEONA b. (Middle) ANN c. (Last) SCOTT

13. COLOR OR RACE: CAU

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): BRIT ISH COLUMBIA, BURNABY

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? ONE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT: Benny R Thompson (Father)

18a. LENGTH OF PREGNANCY: 31 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 11 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 10 FEBRUARY 1960 X39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis, fetal without immaturity.

20b. MATERNAL CAUSES: Abruptio placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:12 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L. Vernon Copeland, MD

23b. DATE SIGNED: 24 March 1960

23c. ATTENDANT'S ADDRESS: MTN HOME AFB, IDAHO

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 3-28-60

25c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY

25d. LOCATION (City, town, or county) (State): MT. HOME, IDAHO

DATE REC'D BY LOCAL REG.: Apr 14 1960

REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: BEY MORTUARY MT. HOME, IDAHO

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 066
Local Reg. No. 30
Reg. Dist. No. 380 391

RECEIVED APR 26 1960 BUREAU OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AFB, IDAHO
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME
d. STREET ADDRESS (If rural, give location): RTE # 1, BOX 69F

3. CHILD'S NAME (Type or Print): WALTER EARL MAIN

4. SEX: MALE

5a. THIS BIRTH: SINGLE X TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): APRIL 8 1960

7. FATHER'S NAME: a. (First) EARL b. (Middle) E c. (Last) MAIN

8. COLOR OR RACE: CAUC

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): STH DAKOTA, PHILLIPS

11a. USUAL OCCUPATION: AIR FORCE

11b. KIND OF BUSINESS OR INDUSTRY: AIR FORCE

12. MOTHER'S MAIDEN NAME: a. (First) DOROTHY b. (Middle) MAE c. (Last) HEATHCO

13. COLOR OR RACE: CAUC

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): IDAHO, COUNCIL

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? FOUR
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT: Earl E. Main

18a. LENGTH OF PREGNANCY: 38½ WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 5 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 13 JAN 60 Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none or un known

20b. MATERNAL CAUSES: Abruptio Placenta

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James F. Ferell, M.D.

23b. DATE SIGNED: APRIL 8, 1960

23c. ATTENDANT'S ADDRESS: MTN HOME AFB, IDAHO

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 4-13-60

25c. NAME OF CEMETERY OR CREMATORY: Mt. View Cem.

25d. LOCATION (City, town, or county) (State): MTN. HOME, IDAHO

DATE REC'D BY LOCAL REG.: Apr 14 1960

~~REGISTRAR'S SIGNATURE~~: L. Anderson

26. FUNERAL DIRECTOR: Clifton Smith

ADDRESS: BEY MORTUARY MTN. HOME, Idaho

Form DPH-48020

AUG 8 1960

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 067
Local Reg. No. 30
Reg. Dist. No. 640

RECEIVED MAY 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Maternity Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roberts
d. STREET ADDRESS (If rural, give location): X Box #13

3. CHILD'S NAME (Type or Print): KATHLEEN CRAMER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 24, 1960

7. FATHER'S NAME: a. (First) HAROLD b. (Middle) ELDON c. (Last) Cramer

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Lewisville, Idaho.

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Automobile

12. MOTHER'S MAIDEN NAME: a. (First) Laura b. (Middle) c. (Last) Marriott

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Roberts, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Robert Altig

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS. 6 32.4

19. Was a standard serological test for syphilis performed? Yes [ ] No [ ]
Approximate date Nov. 4, 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Toxemia of Pregnancy

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hypertension, albumin, edema

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carl Hall, M.D.

23b. DATE SIGNED: 4/25/60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Apr. 25, 1960

25c. NAME OF CEMETERY OR CREMATORY: Ucon

25d. LOCATION (City, town, or county) (State): Ucon Bonneville Idaho

DATE REC'D BY LOCAL REG.: 4/30/60

REGISTRAR'S SIGNATURE: Mrs A Eckersell

26. FUNERAL DIRECTOR ADDRESS: Bruce A. Eckersell Rigby, Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 068
Local Reg. No. 76
Reg. Dist. No. 220

R-1 NEB MAY 16 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Joseph Charles Oatman

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 13, 1960

7. FATHER'S NAME: a. (First) Ronald b. (Middle) Wilbur c. (Last) Oatman

8. COLOR OR RACE: American Indian

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Kamiah, Idaho

11a. USUAL OCCUPATION: Mill worker

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME: a. (First) Lois b. (Middle) Maude c. (Last) Samuels

13. COLOR OR RACE: American Indian

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Kamiah, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Lillian Major

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 7 OZS. Comp.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 2/5/60

✓ 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None found.

20b. MATERNAL CAUSES: Premature Labor.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:10 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Walt Pierce M.D.

23b. DATE SIGNED: 4/14/60

23c. ATTENDANT'S ADDRESS: Lewiston, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/14/60

25c. NAME OF CEMETERY OR CREMATORY: Kamiah Indian Cem.

25d. LOCATION (City, town, or county) (State): Kamiah Idaho.

DATE REC'D BY LOCAL REG.: 5/9/60

REGISTRAR'S SIGNATURE: Cora Zinger

26. FUNERAL DIRECTOR — ADDRESS: Claude Meany Kooskia, Idaho.

Form DPH-48020

Pierce

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 069
Local Reg. No. 68
Reg. Dist. No. 220

RECEIVED APR 25 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1619½ 'G' Street

3. CHILD'S NAME (Type or Print): CARL WAYNE BOYER

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Apr. 17 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Wayne	E.	Boyer	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Washington	Laborer	Pulp Mill

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Marlene		Speck	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
19 YEARS	Idaho	one	none	none

17. INFORMANT: Carl W. Speck

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes XX No ... Approximate date
App. 32 WEEKS	3 LBS. 14½ OZS.	November 1959

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERIAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)

23b. DATE SIGNED 4-20-60.

23c. ATTENDANT'S ADDRESS: Lewiston, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	4/22/60	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
4/22/60	Cora Kinzer	Brower-Wann, W. G. Baldeck	Lewiston, Ida.

Dr. E. Baldeck

Form DPH-48020

(Use Typewriter Standard Caps Only)

CERTIFICATE OF STILLBIRTH

State Registrar
Boise, Idaho

1. PLACE OF STILLBIRTH	
a. COUNTY: Nez Perce	b. STATE: Idaho
c. CITY OR TOWN: Lewiston	d. NAME OF HOSPITAL OR INSTITUTION: Sacajawea Hosp
e. IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS:	

2. MOTHER	
a. NAME: Mary Jane Williamson	
b. RESIDENCE: Lewiston	c. STATE: Idaho
d. AGE: 24	e. BIRTHPLACE: Washington
f. COLOR OR RACE: White	g. NUMBER OF CHILDREN BORN ALIVE: one
h. NUMBER OF OTHER CHILDREN: none	

3. FATHER	
a. NAME: Harry Williamson	
b. AGE: 26	c. BIRTHPLACE: Washington
d. COLOR OR RACE: White	

4. DISPOSITION	
a. DATE: 4/22/50	b. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
c. LOCATION: Lewiston, Idaho	

5. PREPARER	
a. SIGNATURE:	b. TITLE:
c. ADDRESS:	

6. REGISTRAR	
a. SIGNATURE:	b. DATE RECEIVED: April 25, 1950

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 070
Local Reg. No. 28
Reg. Dist. No. 142

RECEIVED APR 20 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Silverton
d. STREET ADDRESS (If rural, give location): Box 155

3. CHILD'S NAME (Type or Print): BABY GIRL GUNDERSON

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 9, 1960

7. FATHER'S NAME: a. (First) George b. (Middle) A. c. (Last) Gunderson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Rugby, North Dakota

11a. USUAL OCCUPATION: Melting Man

11b. KIND OF BUSINESS OR INDUSTRY: Mining

12. MOTHER'S MAIDEN NAME: a. (First) Roberta b. (Middle) c. (Last) Byrd

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): Kellogg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: George A. Gunderson

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: March 1960

Y 39.5

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Breech presentation. Prematurity.

20b. MATERNAL CAUSES: Premature rupture of membranes & prolapse of umbilical cord

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia (eclampsia).

22. STATE ALL OPERATIONS FOR DELIVERY: Breech extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:35 *a. m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Robert A. Cordwell, MD

23b. DATE SIGNED: 11 April 1960

23c. ATTENDANT'S ADDRESS: Kellogg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Apr. 11, 1960

25c. NAME OF CEMETERY OR CREMATORY: Greenwood

25d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 4/12/60

REGISTRAR'S SIGNATURE: Joe Devine

26. FUNERAL DIRECTOR: Donald Maisel ADDRESS: Kellogg Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 071
Local Reg. No. 121
Reg. Dist. No. 460

RECEIVED MAY 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route # 3

3. CHILD'S NAME (Type or Print): Bert John Larsen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 23, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Merle	D.	Larsen	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
31 YEARS	Lincoln, Neb.	Salesman	Selling

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Madeline		Hubick	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
28 YEARS	Canada	1	None	

17. INFORMANT: X Merle D Larsen Buhl, Idaho

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes X No
40 WEEKS	6 LBS. OZS.	Approximate date 4/39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature rupture of membranes (Intra-uterine fetal death)

20b. MATERNAL CAUSES: Placental insufficiency with uterine tetany

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Douglas Nelson MD

23b. DATE SIGNED: 4/23/60

23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	4/25/60	Clover Cemetery	Clover, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
May 5, 1960	Lenora O'Gorman	C. H. Mauer	Buhl, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 072
Local Reg. No. 183
Reg. Dist. No. 370

RECEIVED MAY 20 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 505½ N. Garden

3. CHILD'S NAME (Type or Print): Baby Girl Welliver

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 7, 1960

7. FATHER'S NAME: a. (First) Doryal b. (Middle) c. (Last) Scott

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): Iowa

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Unknown

12. MOTHER'S MAIDEN NAME: a. (First) Delores b. (Middle) c. (Last) Welliver

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Delores Welliver

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 10 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not Determined, dead when born.

20b. MATERNAL CAUSES: About 7 Months pregnancy

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 915 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Dr, C.R Borup, Attended. M.D.

23b. DATE SIGNED: 5-13-60

23c. ATTENDANT'S ADDRESS: Coroner

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: Ed Jarvis

TITLE: Coroner, only

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: May 13/60

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-13-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: Daniel G. Gibson
Schreiber-Gibson Chapel, Boise, Ida.

Form DPH-48020

Dr. Budge

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

073

State File No.....
Local Reg. No. 209
Reg. Dist. No. 370

RECEIVED
JUN 15 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4021 Union

3. CHILD'S NAME (Type or Print): SHAYNE WILLIAM PARIS

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	May 22 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Shayne		Paris	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Montana	Airman	Air Force

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Lucille		Adamson	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
35 YEARS	Idaho	Three	None	None

17. INFORMANT: Shayne Paris

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date
36 WEEKS	5 LBS. 11 OZS.	1 Feb 60 Y362

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Abatio placentae @ 36wks

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abatio placentae - Hemorrhage

22. STATE ALL OPERATIONS FOR DELIVERY: Pitocin Stimulation of labor - Transfusions

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Denver S. Budge M.D.

23b. DATE SIGNED: May 25 1960

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	May 26, 60	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
5-27-60	Myrtle Palmer	Sonna Mortuary-Gibson Chapel, Boise, Idaho

Form DPH-48020

AUG 11 1960

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 074
Local Reg. No. 210
Reg. Dist. No. 370

RECEIVED JUN 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1910 N. 26th.

3. CHILD'S NAME (Type or Print): Baby Boy Sasser

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
Male	SINGLE ☒ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	(Month) (Day) (Year) May 27, 1960

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Gale	M.	Sasser	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
18 YEARS		Construction	Wise & Company

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Devota	J	Sabala	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17 YEARS	Boise, Idaho	None	None	

17. INFORMANT: Gale M. Sasser Gale M. Sasser

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
WEEKS	LBS. OZS.	Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Torsion of Umbilical Cord.

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Apparent fetal death during pregnancy.

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy - Spontaneous Delivery.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James C. F Chapman, M.D.

23b. DATE SIGNED: May 31, 1960

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	May 31, 60	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
6-2-60	Myrtle Palmer	Daniel E. Gibson	Gibson Chapel, Boise, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 075
Local Reg. No. 69
Reg. Dist. No. 5-11

RECEIVED JUN 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): c/o Kay Hunt

3. CHILD'S NAME (Type or Print): Angela Helen Robinson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 27 1960

7. FATHER'S NAME: a. (First) Paul; b. (Middle) L.; c. (Last) Robinson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Ranch Hand

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Elizabeth; b. (Middle) Helen; c. (Last) Warth

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Elizabeth Robinson Mother

18a. LENGTH OF PREGNANCY: 31 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 3 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 4 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature separation of placenta

20b. MATERNAL CAUSES: Toxemia of pregnancy, eclampsia, severe

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: Medical induction of labor

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. R. Deane M.D.

23b. DATE SIGNED: 5 May 1960

23c. ATTENDANT'S ADDRESS: Pocatello

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 19 May 60

25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUN 7 1960

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: 510 So 12th Pocatello, Ida.

Form DPH-48020

JUN 1 4 2010

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 076
Local Reg. No. 70
Reg. Dist. No. 5-2-0

RECEIVED JUN 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 712 West Maple

3. CHILD'S NAME (Type or Print): Baby Girl Edgar

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	May 17 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Gordon	Thomas	Edgar	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Salt Lake City, Utah	Division Manager	Utah Oil Co.

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Joan		Taylor	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
30 YEARS	Cedar City, Utah	4	0	0

17. INFORMANT: Mrs. Joan Edgar Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date
29 WEEKS	5 LBS. 6 OZS.	Y 39,5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Homolytic disease

20b. MATERNAL CAUSES: Isoimmunization for "B"

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): D. Hughes, M.D.

23b. DATE SIGNED: 5-23-60

23c. ATTENDANT'S ADDRESS: 1488 E Center

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	19 May 1960	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
JUN 7 1960	Gloria Dopita	Leon E. Manning	510 North 12th Pocatello, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 77 077
Local Reg. No. 77
Reg. Dist. No. 510

RECEIVED JUN 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 102 Howard

3. CHILD'S NAME (Type or Print): Keith Neldon Oborn

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: May 21 1960

7. FATHER'S NAME: a. (First) Neldon; b. (Middle) Mardell; c. (Last) Oborn

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Toole, Utah

11a. USUAL OCCUPATION: Payroll Clerk

11b. KIND OF BUSINESS OR INDUSTRY: Garretts

12. MOTHER'S MAIDEN NAME: a. (First) Alitze; b. (Middle); c. (Last) Koitzsch

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Vorup Randers, Denmark

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Alitze Oborn

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date Mar. '60 Y 39.6

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None etc. Edema

22. STATE ALL OPERATIONS FOR DELIVERY: Saddle Block

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] MD

23b. DATE SIGNED: 5-31-60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG. JUN 13 1960

REGISTRAR'S SIGNATURE: Gloria Depute

26. FUNERAL DIRECTOR ADDRESS: [signature]

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 078
Local Reg. No. 72
Reg. Dist. No. 510

RECEIVED JUN 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 840 West Lander

3. CHILD'S NAME (Type or Print): Donald Wayne Roskelley

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: May 27 1960

7. FATHER'S NAME: a. (First) Franklin b. (Middle) William c. (Last) Roskelley

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Public Relations

11b. KIND OF BUSINESS OR INDUSTRY: Garretts

12. MOTHER'S MAIDEN NAME: a. (First) Marylyn b. (Middle) Louise c. (Last) Wixom

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Marylyn Roskelley Mother

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date y 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis foetalis.

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:02 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George J. Cox MD

23b. DATE SIGNED: 5/31/60

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5/28/1960

25c. NAME OF CEMETERY OR CREMATORY: Mountain View

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUN 7 1960

REGISTRAR'S SIGNATURE:

26. FUNERAL DIRECTOR: Holland G. Reiser ADDRESS: Pocatello, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 079
Local Reg. No. 103
Reg. Dist. No. 610

RECEIVED MAY 31 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 2468 Western Avenue

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	April 21 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Ralph	Earl	Hill	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
23 YEARS	Gibson, Idaho	Accountant	Cannon Realty

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Evelyn		Matheson	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	Cedar City, Utah	2	0	0

17. INFORMANT: Evelyn Hill — Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
38 WEEKS	5 LBS. 10 OZS.	Approximate date September, 1959 Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine Strangulation due to Prolapse of
20b. MATERNAL CAUSES: Cord about Neck -

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): C. E. Allen M.D.
23b. DATE SIGNED: 5-4-60
23c. ATTENDANT'S ADDRESS: Shelley, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	4-26-60	L.D.S. Hospital	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
May 21 - 60	Anna Budge	none

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 080
Local Reg. No.
Reg. Dist. No.

RECEIVED MAY 18 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. CHILD'S NAME (Type or Print): Ted L. Tappan

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 13 1960

7. FATHER'S NAME: a. (First) J. b. (Middle) Tell c. (Last) Tappan

8. COLOR OR RACE: W

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Burley, Idaho

11a. USUAL OCCUPATION: A. E. C.

11b. KIND OF BUSINESS OR INDUSTRY: A. E. C.

12. MOTHER'S MAIDEN NAME: a. (First) Sharon b. (Middle) c. (Last) Cummins

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Burley - Ida

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: J. Tell Tappan

18a. LENGTH OF PREGNANCY: 21 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No X
Approximate date: y 39 5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Premature spontaneous rupture of membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED: May 14-1960

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: May 16-1960

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest

25d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: May 17-1960

REGISTRAR'S SIGNATURE: Betty J. Marvel 670

26. FUNERAL DIRECTOR: Betty J. Marvel FD 19

ADDRESS: Arco, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 17 1960
Bureau of Vital Statistics

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 081
Local Reg. No.
Reg. Dist. No. 302

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 258 CALDWELL BLVD.

3. CHILD'S NAME (Type or Print): Pamela RAE DONAHUE

4. SEX: FEMALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): MAY 10, 1960

7. FATHER'S NAME: a. (First) THOMAS b. (Middle) c. (Last) DONAHUE

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country): NEBRASKA

11a. USUAL OCCUPATION: Cement worker Ida. Concrete

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) JEAN b. (Middle) c. (Last) MICHELS

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): NEBRASKA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Thomas Donahue

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine anoxia, cause unknown

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Congenital dilatation, fetal

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: 5/13/60

23c. ATTENDANT'S ADDRESS: Nampa, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 5-12-60

25c. NAME OF CEMETERY OR CREMATORY: KOHLERLAWN

25d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: May 13, 1960

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

26. FUNERAL DIRECTOR ADDRESS: SHEPHERD MORTUARY, NAMPA, IDAHO

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 082
Local Reg. No. 296
Reg. Dist. No. 420

RECEIVED MAY 31 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1735 Conant Ave.

3. CHILD'S NAME (Type or Print): Michael Alan Nelson

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 20, 1960

7. FATHER'S NAME: a. (First) Frederick b. (Middle) Clifford c. (Last) Nelson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Dothan, Alabama

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Office Supplies

12. MOTHER'S MAIDEN NAME: a. (First) Louise b. (Middle) c. (Last) Wolf

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Declo, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Frederick C. Nelson

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH (Estimated): 5 LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: Dec 1959 (38.1)

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephelus
20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Fischer M.D.

23b. DATE SIGNED: 5-23-60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 5/23/60
25c. NAME OF CEMETERY OR CREMATORY: Pleasant View
25d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: May 25, 1960
REGISTRAR'S SIGNATURE: Doris B. Hard
26. FUNERAL DIRECTOR: J. Dan Haynes
ADDRESS: Burley

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 083
Local Reg. No. 37
Reg. Dist. No. 380 391

RECEIVED JUN 10 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore MemorialHospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): Route 1, Box 37A

3. CHILD'S NAME (Type or Print): Katherine Peak

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	May 26 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
William	Woodrow	Peak	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
46 YEARS	Enum Claw, Washington	Cement Finisher	Construction

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Marion		Conner	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
42 YEARS	Grand Valley, Colorado	Six	None	None

17. INFORMANT: Marion Peak mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes X No
40 WEEKS	7 LBS. 5½ OZS.	Approximate date January 1960

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Apparent obstruction to cord which was about neck many times & noted on delivery.
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Malone A. Loelsch M.D.
23b. DATE SIGNED: May 26, 1960
23c. ATTENDANT'S ADDRESS: Mtn Home, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	May 28 1960	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: June 2 1960
REGISTRAR'S SIGNATURE: [illegible] Anderson
26. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Bey Mortuary, Inc Mtn Home, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 084
Local Reg. No. 90
Reg. Dist. No. 170

RECEIVED MAY 31 1960

Burial

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Route #1, Box 275

3. CHILD'S NAME (Type or Print): Dixie Ann Pletcher

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 19, 1960

7. FATHER'S NAME: a. (First) Robert b. (Middle) Darrell c. (Last) Pletcher

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): California

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Chauffer

12. MOTHER'S MAIDEN NAME: a. (First) Dorothy b. (Middle) Louise c. (Last) Foster

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Robert W. Pletcher

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 7 OZS.

19 Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 10-16-59 Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Knot in cord, cord wrapped around neck twice (circulatory interference)

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): C. Barclay M.D.

23b. DATE SIGNED: 5-20-60

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5-23-1960

25c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: 5-25-60

REGISTRAR'S SIGNATURE: Lorraine K. Brush by LR

26. FUNERAL DIRECTOR ADDRESS: Don English Coeur d'Alene, Ida

Form DPH-48020

PHS-797(VS) Novak
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 98085
Local Reg. No. 98
Reg. Dist. No. 120

RECEIVED MAY 31 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Route #2, Box 396

3. CHILD'S NAME (Type or Print): Infant Girl Damiano

4. SEX: Female

5a. THIS BIRTH: SINGLE [XX] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 25, 1960

7. FATHER'S NAME: a. (First) Lonnie b. (Middle) R. c. (Last) Damiano

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Woodsman

11b. KIND OF BUSINESS OR INDUSTRY: Russell Lumber Co.

12. MOTHER'S MAIDEN NAME: a. (First) Margaret b. (Middle) Ann c. (Last) Leonard

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Lonnie R. Damiano

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: May 12, 1960 Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature separation of the placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:43 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): H. A. Novak, M. D.

23b. DATE SIGNED: May 26, 1960

23c. ATTENDANT'S ADDRESS: 1412 N. 4th St. Coeur d'Alene, Idaho

If NOT attended by physician | **24. SIGNATURE OF AUTHORIZED OFFICIAL** | TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5-26-1960

25c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 5-26-60

REGISTRAR'S SIGNATURE: Lorraine K. Bruckhlow by LR

26. FUNERAL DIRECTOR: English

ADDRESS: Coeur d'Alene, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 086
Local Reg. No. 3
Reg. Dist. No. 120

RECEIVED JUN 9 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 513 Lakeside Ave

3. CHILD'S NAME (Type or Print) Infant Baby Boy Johnson

4. SEX: M
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) 5 (Day) 26 (Year) 60

7. FATHER'S NAME: a. (First) William b. (Middle) LeRoy c. (Last) Johnson
8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS
10. BIRTHPLACE (State or foreign country): Spencer Iowa
11a. USUAL OCCUPATION: Truck Driver
11b. KIND OF BUSINESS OR INDUSTRY: Variety Supply

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Elizabeth c. (Last) VanHeel
13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS
15. BIRTHPLACE (State or foreign country): Minn.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mr. William Johnson

18a. LENGTH OF PREGNANCY: WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Y 36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES
20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. Wray Wilson MD
23b. DATE SIGNED 5/31/60
23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE 5-31-60
25c. NAME OF CEMETERY OR CREMATORY Forest
25d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. May 31, 1960
REGISTRAR'S SIGNATURE Lorraine K. Brush
26. FUNERAL DIRECTOR Gilbert Yates ADDRESS Yates-Morse CDA Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 20087
Local Reg. No. 20
Reg. Dist. No. 4-20

RECEIVED
MAY 26 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka County

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY: Maverick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle Pass
d. STREET ADDRESS (If rural, give location): 90 - main st

3. CHILD'S NAME (Type or Print): Still born Infant Boy

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 16 - 1960

7. FATHER'S NAME: a. (First) Andres b. (Middle) J c. (Last) Coronado

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Hays County - Texas

11a. USUAL OCCUPATION: Truck driver

11b. KIND OF BUSINESS OR INDUSTRY: Transportation

12. MOTHER'S MAIDEN NAME: a. (First) Irene b. (Middle) c. (Last) Estrada

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Andres Coronado.

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date V39.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known (Macerated fetus) Dead after 2 weeks before birth.

20b. MATERNAL CAUSES: Not known.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M

23b. DATE SIGNED: 5-18-60.

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5-19-60

25c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

25d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: May 19 60

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

26. FUNERAL DIRECTOR: Robert Walk

ADDRESS: Rupert Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 088
Local Reg. No. 91
Reg. Dist. No. 220

RECEIVED MAY 31 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 403 29th Street

3. CHILD'S NAME (Type or Print): RONALD JON SHOEMAKER

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 17, 1960

7. FATHER'S NAME: a. (First) Dennis; b. (Middle); c. (Last) Shoemaker

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

11a. USUAL OCCUPATION: baker apprentice

11b. KIND OF BUSINESS OR INDUSTRY: food

12. MOTHER'S MAIDEN NAME: a. (First) Junita; b. (Middle); c. (Last) White

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Lewiston, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Frank Dennis Shoemaker

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 12-1-59 Y34.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Face presentation

20b. MATERNAL CAUSES: Cephalo-pelvic disproportion

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: See 20a & 20b

22. STATE ALL OPERATIONS FOR DELIVERY: mid-forceps; attempted version
Cesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:50 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L. O. Newton MD

23b. DATE SIGNED: 5-21-60

23c. ATTENDANT'S ADDRESS: Lewiston Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE: ✓

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: 5/19/60

25c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens,

25d. LOCATION (City, town, or county) (State): Lewiston Orchards, Idaho

DATE REC'D BY LOCAL REG.: 5/25/60

REGISTRAR'S SIGNATURE: Cora Ringer

26. FUNERAL DIRECTOR: Brower-Wann by W. C. Black

ADDRESS: Lewiston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 151089
Local Reg. No. 151
Reg. Dist. No. 460

RECEIVED JUN 17 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
STATE: Colorado
b. COUNTY: Montrose
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Uravan.
d. STREET ADDRESS (If rural, give location): Box 904.

3. CHILD'S NAME (Type or Print)

4. SEX: Fe.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 30 1960

7. FATHER'S NAME: a. (First) John b. (Middle) Lewis c. (Last) Allen.

8. COLOR OR RACE: W

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Thornton Texas

11a. USUAL OCCUPATION: Driller

11b. KIND OF BUSINESS OR INDUSTRY: Mining

12. MOTHER'S MAIDEN NAME: a. (First) Alma b. (Middle) Korrene c. (Last) Parker

13. COLOR OR RACE: W

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Cortez Colo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: John F Allen Alma Allen

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date 5/31/60

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not Known

20b. MATERNAL CAUSES: None noted

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Rheumatic Fever Cardiac

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Charles C. Marsh MD

23b. DATE SIGNED: 5-31-60

23c. ATTENDANT'S ADDRESS: Buhl Idaho

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 6-1-60

25c. NAME OF CEMETERY OR CREMATORY: Magic Valley Mem. Hosp.

25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: June 6, 1960

REGISTRAR'S SIGNATURE: Lenora O'Gorman

26. FUNERAL DIRECTOR ADDRESS: J. Woodson Creed, M. E., Twin Falls, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 090
Local Reg. No. 229
Reg. Dist. No. 270

RECEIVED JUN 27 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Timothy James Ash

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 10, 1960

7. FATHER'S NAME: a. (First) Duane b. (Middle) c. (Last) Ash

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Nebraska

11a. USUAL OCCUPATION: Student

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Nancy b. (Middle) c. (Last) Wheeler

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Duane Ash

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date

✓ 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: 30-32 week gestation
20b. MATERNAL CAUSES: Pre Eclampsia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0

22. STATE ALL OPERATIONS FOR DELIVERY: 0

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: 6/11/60

25. ATTENDANT'S ADDRESS: Meridian, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/11/60

25c. NAME OF CEMETERY OR CREMATORY: Meridian

25d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 6-23-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Geo. J. Read

ADDRESS: Robison Chapel ~~Meridian, Idaho~~

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 091
Local Reg. No. 256
Reg. Dist. No. 270

RECEIVED JUL 12 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Arkansas
b. COUNTY: Drew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monticello
d. STREET ADDRESS (If rural, give location): RFD # 2

3. CHILD'S NAME (Type or Print): INFANT GIRL MC KNIGHT

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: June 22 1960

7. FATHER'S NAME: a. (First) UNKNOWN b. (Middle) c. (Last)

8. COLOR OR RACE:

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Doris b. (Middle) c. (Last) Mc Knight

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Cleveland, Miss.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Ralph E. McKnight

18a. LENGTH OF PREGNANCY: 33 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 4.2.60. Y30.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Diabetes Mellitus

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Pre-eclamptic Toxemia

22. STATE ALL OPERATIONS FOR DELIVERY: C-section; Low Forceps

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): H. L. Ewenstein M.D.

23b. DATE SIGNED: 6.25.60

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 6/25/60

25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial

25d. LOCATION (City, town, or county): Boise, (State) Idaho

DATE REC'D BY LOCAL REG.: 7-7-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR RELYEA MORTUARY ADDRESS: Robert H. Dickard Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 092
Local Reg. No. 249
Reg. Dist. No. 270

RECEIVED JUL 5 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2121 Shoshone

3. CHILD'S NAME (Type or Print): Mary Ann DeVinaspre

4. SEX: Female

5a. THIS BIRTH: SINGLE [*] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 26 1960

7. FATHER'S NAME: a. (First) Albert b. (Middle) c. (Last) DeVinaspre

8. COLOR OR RACE: White

9. AGE (At time of this birth): 45 YEARS

10. BIRTHPLACE (State or foreign country): Nampa, Ida.

11a. USUAL OCCUPATION: Driver

11b. KIND OF BUSINESS OR INDUSTRY: Dairy

12. MOTHER'S MAIDEN NAME: a. (First) Trinidad b. (Middle) c. (Last) Padilla

13. COLOR OR RACE: white

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country): Los Angles, Cal

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: X Albert J. DeVinaspre

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not Known

20b. MATERNAL CAUSES: Not known - Possibly R H. Sensitivity

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0

22. STATE ALL OPERATIONS FOR DELIVERY: 0

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Max D Gudmundsen MD

23b. DATE SIGNED: 6-28-60

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 28 60

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill

25d. LOCATION (City, town, or county) (State): Boise, Ida.

DATE REC'D BY LOCAL REG.: 7-1-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Schreiber and Gibson ADDRESS: Boise
Edward D. Gibson

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 093
Local Reg. No. 262
Reg. Dist. No. 370

RECEIVED JUL 13 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location): Box 284

3. CHILD'S NAME (Type or Print): Rose Arlene Thorpe

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 30 1960

7. FATHER'S NAME: a. (First) Lyle b. (Middle) Dean c. (Last) Thorpe

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Hazelton, Ida.

11a. USUAL OCCUPATION: Labor

11b. KIND OF BUSINESS OR INDUSTRY: Eagle Construction

12. MOTHER'S MAIDEN NAME: a. (First) Alice b. (Middle) Fay c. (Last) McBride

13. COLOR OR RACE: white

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Arizona

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? -
b. How many children were born alive but are now dead? -
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? -

17. INFORMANT: Lyle Dean Thorpe

18a. LENGTH OF PREGNANCY WEEKS: 36.0

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [ ] No [ ]
Approximate date 1-10-60

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord fully around neck four times and gangrenous

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gustav Rosenkranz MD

23b. DATE SIGNED: 7-7-60

23c. ATTENDANT'S ADDRESS: Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: July 5 1960

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.

25d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 7-11-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: Schreiber and Gibson Boise

Daniel L. Gibson

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 094
Local Reg. No. 73
Reg. Dist. No. 520

RECEIVED JUN 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3629 Hawthorne

3. CHILD'S NAME (Type or Print): Infant Girl Pino

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	5 19 60

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
John	Hardy	Pino	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
33 YEARS	ElPaso, Texas	Conductor	U.P.R.R.

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Delta	Ila	Bennett	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
29 YEARS	Virginia, Idaho	4	1	0

17. INFORMANT: Mrs. Delta Pino, Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date
40 WEEKS	LBS. OZS.	Y 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis

20b. MATERNAL CAUSES: R H negative

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: as above

22. STATE ALL OPERATIONS FOR DELIVERY: Sp. delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph B Hegsted M.D.

23b. ATTENDANT'S ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 5-20-60

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	5/19/60	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG. JUN 24 1960

REGISTRAR'S SIGNATURE: Ilona Rapita

26. FUNERAL DIRECTOR: Downard Fun'l Home--Pocatello, Ida.

ADDRESS

Form DPH-48020

PHS-797(VS) 4556-60
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 095
Local Reg. No. 97
Reg. Dist. No. 600

RECEIVED JUN 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 370 E. Bingham St.

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	June 21 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Charles	Cleone	Vanderwood	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Blackfoot, Idaho	Parts manager	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Lola	Norene	Phelps	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
24 YEARS	Idaho Falls, Idaho	One	None	None

17. INFORMANT: Norene Vanderwood Mother

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
40 WEEKS	LBS. OZS.	Approximate date Nov. 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis
20b. MATERNAL CAUSES

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:50A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph Coates M D
23b. DATE SIGNED: June 26, 1960
23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
cremation	6-21-60	Bingham Memorial Hosp.	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: June 29 1960
REGISTRAR'S SIGNATURE: Mrs Walter E. Edwards
26. ~~FUNERAL DIRECTOR~~ Sigrist Funeral Home
ADDRESS: Blackfoot, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 096
Local Reg. No. 145
Reg. Dist. No. 616

RECEIVED JUL 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 482 "C" Street

3. CHILD'S NAME (If Type or Print): Melody Jean HasBrouck

4. SEX: F.M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 15, 1960

7. FATHER'S NAME: a. (First) b. (Middle) c. (Last)

8. COLOR OR RACE:

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Leona b. (Middle) Pearl c. (Last) Jardine

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Roberts, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT: Mrs. Howard H. Holly Rigby, Idaho #2

18a. LENGTH OF PREGNANCY: Term WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ..#.. No .....
Approximate date March, 1960 Y 30.5

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Dehydration - Electrolyte Imalance - Maternal Distress - toxic

20b. MATERNAL CAUSES: Epilepsy - Seizure Require Hospitalization to treat Bowel Obstruction - Peritonitis - Dehydration - Electrolyte Imbalance

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Epileptic Mother

22. STATE ALL OPERATIONS FOR DELIVERY: Ruptured Membranes - Pitocin Drip after fetus death

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:05 m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John W. Casper MD

23b. DATE SIGNED: 6/24/60

23c. ATTENDANT'S ADDRESS: Idaho Falls, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/18/60

25c. NAME OF CEMETERY OR CREMATORY: Lewisville

25d. LOCATION (City, town, or county) (State): Lewisville, Idaho

DATE REC'D BY LOCAL REG.: July 5 - 1960

REGISTRAR'S SIGNATURE: Anna Rudger

26. FUNERAL DIRECTOR ADDRESS: A. B. Eckersell Rigby, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED JUL 5 1960 BUREAU of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 097
Local Reg. No. 157
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): 1608 FILLMORE ST.

3. CHILD'S NAME (Type or Print): DONNIE LEN HUNT

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): june 11 1960

7. FATHER'S NAME: a. (First) RAYMOND b. (Middle) ROYCE c. (Last) HUNT

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): CALDWELL, IDAHO

11a. USUAL OCCUPATION: CEMENT FINISHER

11b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

12. MOTHER'S MAIDEN NAME: a. (First) DONNA b. (Middle) LENORE c. (Last) GIPE

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): CALDWELL, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Donna Lenore Hunt

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 1½ OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: June 29, 1957 y 39.5

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: No apparent Cause - Thought to be Congenital Heart.
20b. MATERNAL CAUSES: None - Intra-uterine death then labor.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Labor

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Charles E. Krause, M.D

23b. DATE SIGNED: June 23, 1960

23c. ATTENDANT'S ADDRESS: Caldwell, Idaho.

If NOT attended by physician — **24. SIGNATURE OF AUTHORIZED OFFICIAL** — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 14, 1960

25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

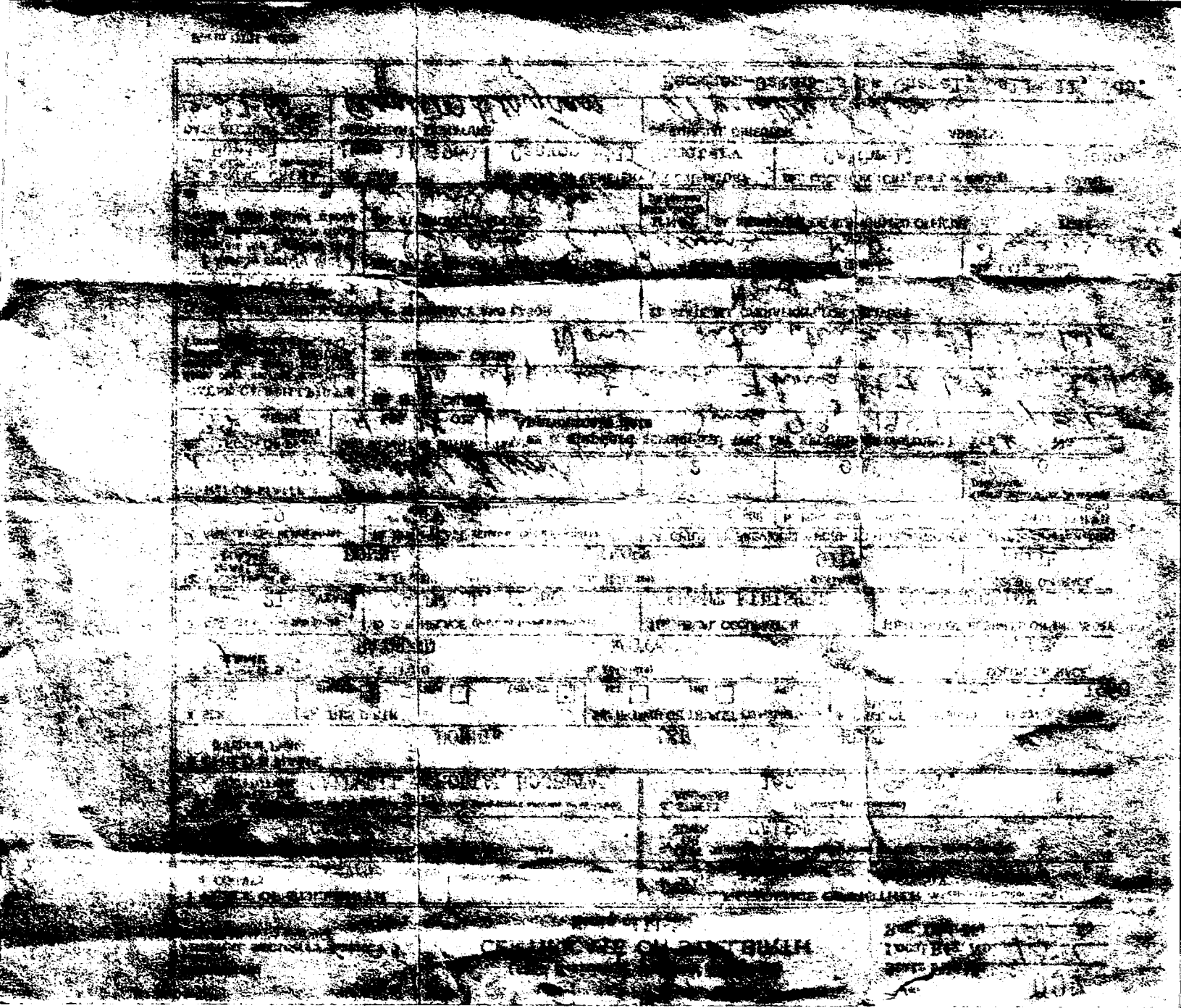
25d. LOCATION (City, town, or county): Caldwell (State): Idaho

DATE REC'D BY LOCAL REG.: 6-27-60

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR — ADDRESS: Merville D Davis
Peckham-Dakan-Davis Chapel, Caldwell, Ida.

Form DPH-48020



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 098
Local Reg. No. 8
Reg. Dist. No. 3-2

RECEIVED JUL 6 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY: Canyon	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital	d. STREET ADDRESS (If rural, give location): R # 1

3. CHILD'S NAME (Type or Print)	Infant Boy		Rupert		
4. SEX: M	5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]	5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]		6. DATE OF STILLBIRTH (Month) (Day) (Year): June 21, 1960	
7. FATHER'S NAME	a. (First): Ernest	b. (Middle):	c. (Last): Rupert	8. COLOR OR RACE: White	
9. AGE (At time of this birth): 47 YEARS	10. BIRTHPLACE (State or foreign country): Nampa, Idaho	11a. USUAL OCCUPATION: Farmer	11b. KIND OF BUSINESS OR INDUSTRY: Farmer		
12. MOTHER'S MAIDEN NAME	a. (First): Mary	b. (Middle):	c. (Last): Spencer	13. COLOR OR RACE: White	
14. AGE (At time of this birth): 42 YEARS	15. BIRTHPLACE (State or foreign country): Caldwell, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT: X Ernest Rupert					
18a. LENGTH OF PREGNANCY: Term WEEKS	18b. WEIGHT AT BIRTH: LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Antepartum death -

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2P - m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: 6/24/60

23c. ATTENDANT'S ADDRESS: [illegible]

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial	25b. DATE: June 23, 1960	25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	25d. LOCATION (City, town, or county): Canyon Co.	(State): Idaho

DATE REC'D BY LOCAL REG.: July 3, 1960	REGISTRAR'S SIGNATURE: Mrs. Janet Steck	26. FUNERAL DIRECTOR: Harry Krauch	ADDRESS: Nampa, Idaho
		ALSIP FUNERAL CHAPEL	404-10Ave. So.

Form DPH-48020

Ross E. Chastain, Jr. # E-438
June 2/, 1960

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 099
Local Reg. No. 798
Reg. Dist. No. 470

RECEIVED JUN 13 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Cassia	a. STATE: Idaho b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital	d. STREET ADDRESS (If rural, give location): R. F. D.

3. CHILD'S NAME (Type or Print): Bruce Lloyd Funk,

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M,	SINGLE ☒ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	June 1st, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Gene	Thomas	Funk	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
20 YEARS	Burley Idaho	Farmer	Farm

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Sheron	Parke	Funk	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
20 YEARS	Helena Montana			

17. INFORMANT: Mrs. Thomas Funk

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
44 WEEKS	7 LBS. 6 OZS.	Approximate date Performed By C. Ernest MD - Burley Idaho.

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hemi-anacephalic anomally. Y 38.0

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Threatned Abortion 3 mo. Preg.

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:30 a. m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Dr. Fischer MD

23b. DATE SIGNED: June 5, 1960

23c. ATTENDANT'S ADDRESS: Burley Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	June 2nd	Pleasant View	Burley Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
June 9, 1960	Doris B. Ware	Retta S. Payne	Burley Idaho,

Retta S. Payne

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 100
Local Reg. No. 800
Reg. Dist. No. 470

RECEIVED JUN 20 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R.F.D. # 2

3. CHILD'S NAME (Type or Print): Infant Manning

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 12, 1960

7. FATHER'S NAME: a. (First) Linford b. (Middle) Hart c. (Last) Manning

8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country): Hooper, Utah

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY: Cattle

12. MOTHER'S MAIDEN NAME: a. (First) Freida b. (Middle) Mal c. (Last) Manning

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country): Paul, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Freida Manning

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: Feb- 1960 Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis

20b. MATERNAL CAUSES: 2

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Induced because of Non Viable

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. M. Kelly M.D.

23b. DATE SIGNED: 6-14-60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/13/60

25c. NAME OF CEMETERY OR CREMATORY: Pleasant View

25d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: June 17, 1960

REGISTRAR'S SIGNATURE: Doris L. Starr

26. FUNERAL DIRECTOR ADDRESS: Scott Dupre Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 101
Local Reg. No. 39
Reg. Dist. No. 380 391

RECEIVED JUN 10 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Elmore
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home
d. STREET ADDRESS (If rural, give location): 290 East 4th So.

3. CHILD'S NAME (Type or Print): KATHALEEN MARIA KLUGER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 1, 1960

7. FATHER'S NAME: a. (First) IRVING b. (Middle) c. (Last) KLUGER

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 44 YEARS

10. BIRTHPLACE (State or foreign country): New York

11a. USUAL OCCUPATION: Air Force

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) HELEN b. (Middle) c. (Last) OYARZABAL

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Irving Kluger

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date Dec. 1959 Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Malone N Veelock M.D.

23b. DATE SIGNED: June 7, 1960

23c. ATTENDANT'S ADDRESS: Mtn. Home Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 6, 1960

25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

25d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Jun 7 1960

REGISTRAR'S SIGNATURE: L Nicholson

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: Bey Mortuary
Mountain Home, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 102
Local Reg. No. 40
Reg. Dist. No. 380 391

RECEIVED JUN 24 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: MTN HOME AFB, IDAHO
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: MOUNTAIN HOME, IDAHO
d. STREET ADDRESS (If rural, give location): 1110 N. 3rd E.

3. CHILD'S NAME (Type or Print): JAMES LAWRENCE BARKER JR.

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) JUNE (Day) 7 (Year) 1960

7. FATHER'S NAME: a. (First) JAMES b. (Middle) LAWRENCE c. (Last) BARKER SR.

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): SPENCER, IOWA

11a. USUAL OCCUPATION: USAF

11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME: a. (First) SANDRA b. (Middle) MARIE c. (Last) WEAVER

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): SPIRIT LAKE, IOWA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? NONE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? ONE

17. INFORMANT: Kenneth L. Barker

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 2 February 1960 X 36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: NONE

20b. MATERNAL CAUSES: PREMATURE SEPARATION OF PLACENTA

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: EPISIOTOMY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:52 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED: 7 JUNE 1960

23c. ATTENDANT'S ADDRESS: MTN HOME AFB, IDAHO

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

25b. DATE: 6-15-60

25c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematory

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Jun 14 1960

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR: Cutten Smith

ADDRESS: Bey Mortuary Mt. Home, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED JUL 12 1960 Bureau of Vital Statistics

State File No. 103
Local Reg. No. 46
Reg. Dist. No. 380 391

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: MOUNTAIN HOME AIR FORCE BASE
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): 790 EAST 9th NORTH

3. CHILD'S NAME (Type or Print): CYNTHIA ANN BIRKMEYER

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
FEMALE	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	JUNE 27 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
LOUIS	JOSEPH	BIRKMEYER	WHITE

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	OHIO, COLDWATER	MECHANIC	USAF

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
CATHERNE	PATRICIA	MC COMB	WHITE

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
22 YEARS	CANADA	NONE	NONE	NONE

17. INFORMANT: Myra M Kruff (REGISTRAR)

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
40 WEEKS	5 LBS. 3 OZS.	Approximate date 3 FEBRUARY 1960 Y32.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: TOXEMIA OF PREGNANCY

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
TOXEMIA OF PREGNANCY	NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:46 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James D. Lewis M.D.

23b. DATE SIGNED: 27 JUNE 1960

23c. ATTENDANT'S ADDRESS: 808th MEDICAL GROUP

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Removal	6-28-60	Mount Olivet	Denver Colorado

DATE REC'D BY LOCAL REG.: Jun 28 1960

REGISTRAR'S SIGNATURE: C Thornton

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: Bay Mortuary Mtn. Home, Idaho

Form DPH-48020

JAN 5 1961

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 104
Local Reg. No. 2293
Reg. Dist. No. 420

RECEIVED JUN 22 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Mem.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location): Box 483

3. CHILD'S NAME (Type or Print): Jeff Hollibaugh

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: June 4, 1960

7. FATHER'S NAME: a. (First) Carl b. (Middle) Edgar c. (Last) Hollibaugh

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Carpender

11b. KIND OF BUSINESS OR INDUSTRY: Building

12. MOTHER'S MAIDEN NAME: a. (First) Patricia b. (Middle) Ann c. (Last) Young

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Carl E Hollibaugh.

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ← No .....
Approximate date January '60. Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: UNKNOWN.

20b. MATERNAL CAUSES: NONE.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: NONE.

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Leonard A Pearson MD

23b. DATE SIGNED: 8 June 1960

23c. ATTENDANT'S ADDRESS: Gooding, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 5, 1960

25c. NAME OF CEMETERY OR CREMATORY: Lincoln Co Cemetery

25d. LOCATION (City, town, or county) (State): Shoshone Idaho

DATE REC'D BY LOCAL REG.: 6-16-60

REGISTRAR'S SIGNATURE: Robert B Moyer

26. FUNERAL DIRECTOR ADDRESS: Jim McGoldrick Shoshone, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 105
Local Reg. No. 10
Reg. Dist. No. 242

RECEIVED JUL 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Riener

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 3 1960

7. FATHER'S NAME: a. (First) Verner b. (Middle) J. c. (Last) Riener

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Cottonwood Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Wheat Farming

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Anne c. (Last) Jenny

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Cottonwood Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Verner J. Riener

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date March 18, 1960 Y 36.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Poor implantation of Placenta

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abnormal bleeding throughout pregnancy. Premature rupture of membranes.

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:53 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. D. Orr, M.D.

23b. DATE SIGNED: June 3, 1960

23c. ATTENDANT'S ADDRESS: Cottonwood Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 4 60

25c. NAME OF CEMETERY OR CREMATORY: Catholic

25d. LOCATION (City, town, or county) (State): Ferdinand Idaho

DATE REC'D BY LOCAL REG.: June 3, 1960

REGISTRAR'S SIGNATURE: Wesley D Orr, M D

26. FUNERAL DIRECTOR ADDRESS: Cletus A. Uhlorn Cottonwood

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 106
Local Reg. No. 4
Reg. Dist. No. 120

RECEIVED JUN 22 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene General

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 901 Lakeside

3. CHILD'S NAME (Type or Print): Infant Girl Whalen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 5/22/1960

7. FATHER'S NAME: a. (First) James b. (Middle) Lester c. (Last) Whalen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Montana

11a. USUAL OCCUPATION: Aviator

11b. KIND OF BUSINESS OR INDUSTRY: Bush Pilot

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Jo c. (Last) Butler

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mary Jo Whalen

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [ ] No [ ]
Approximate date: May 1960 Y 36.2

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: — —

20b. MATERNAL CAUSES: Premature ruptured membranes - Expulsion of the fetal

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Nymphitis 2 month

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] MD

23b. DATE SIGNED: 31 May 1960

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 6/1/60

25c. NAME OF CEMETERY OR CREMATORY: Hazen & Tarver

25d. LOCATION (City, town, or county) (State): Spokane, Wn

DATE REC'D BY LOCAL REG.: June 17, 1960

REGISTRAR'S SIGNATURE: Lorraine L. Brush

26. FUNERAL DIRECTOR ADDRESS: Frank Thorpe, Coeur d'Alene, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107
Local Reg. No. 2
Reg. Dist. No. 12c

RECEIVED JUL 8 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1220 N 15 th

3. CHILD'S NAME (Type or Print): Infant Baby Girl Dougall

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 6 (Day) 12 (Year) 60

7. FATHER'S NAME: a. (First) Born b. (Middle) [illegible] c. (Last) Dougall

8. COLOR OR RACE: W

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): S.D.

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Farm Machinery

12. MOTHER'S MAIDEN NAME: a. (First) Maida b. (Middle) c. (Last) Heib

13. COLOR OR RACE: W

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One

17. INFORMANT

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y 32.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Toxemia of pregnancy

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M D

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6-13-60

25c. NAME OF CEMETERY OR CREMATORY: Forest

25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: June 30, 1960

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR ADDRESS: Yates-Morse Gilbert Yates Coeur d'Alene Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED JUL 19 1960 Bureau of Vital Statistics

State File No. 108
Local Reg. No. 25
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Stewart

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 14, 1960

7. FATHER'S NAME: a. (First) Orvil b. (Middle) Stewart c. (Last)

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Wilford, Idaho

11a. USUAL OCCUPATION: Labrer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Marilyn b. (Middle) c. (Last) Wright

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Orvil Stewart St. Anthony, Ida

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS. 6.0

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord obstructed - Wrapped 3X around neck

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Infant apparently expired 2 wks before birth

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:44A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Blair H. Parker M.D.

23b. DATE SIGNED: 6-22-60

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 15 June 60

25c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery

25d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: 7-1-60

REGISTRAR'S SIGNATURE: Lyona Flamm

26. FUNERAL DIRECTOR: M. Hansen ADDRESS: St. Anthony, Idaho

Form DPH-48020

RECEIVED JUL 5 1960 Bureau of Vital Statistics

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 109
Local Reg. No. 12
Reg. Dist. No. 316

1. PLACE OF STILLBIRTH:
(a) County Valley
(b) City or town Cascade
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Valley County
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery in hospital or institution [illegible]
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Valley
(c) City or town Cascade
(If outside city or town limits, write RURAL)
(d) Street No.
(If rural, give location)

3. Full name of child

4. Date of birth 6-26-60 (Month) (Day) (Year)

5. Sex: M

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

FATHER OF CHILD

8. Full name Robert Melvin Scott
9. Color or race W 10. Age at time of this birth 33 yrs.
11. Birthplace Kuna Idaho
(City, town or county) (State or foreign country)
12. Usual occupation Salesman
13. Industry or business furniture

MOTHER OF CHILD

14. Full maiden name Patricia Faye Brady
15. Color or race W 16. Age at time of this birth 18 yrs.
17. Birthplace Cascade Idaho
(City, town or county) (State or foreign country)
18. Usual occupation housewife
19. Industry or business

20. Was a standard serological test for syphilis performed? Yes V No Approximate date Dec 1959

21. Children born to this mother:
(a) How many children of this mother are now living? 0
(b) How many children were born alive but are now dead? 0
(c) How many other children were born dead? 0

22. Mother's usual mailing address Cascade, Idaho
X 36.0

23. Did child die before labor? No During labor? Yes
24. Pregnancy, complications of none
25. Labor: (a) Complications of none
(b) Induced? no
26. (a) Was there an operation for delivery? no
(Yes or no)
(b) State all operations, if any episiotomy
(c) Did child die before operation? V or during operation?

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):
(a) Fetal causes 2 loops cord around neck
(b) Maternal causes mother Rh neg.
Unit 1 1st pregnancy

28. I hereby certify that I attended the birth of this child who was born dead at the hour of [illegible] P.M. on the date above stated.
Signature Margery Moore M.D.
(Specify if M.D., midwife, or other)
Address Cascade, Ida.

29. (a) Informant Grandmother
(b) Address Cascade, Ida

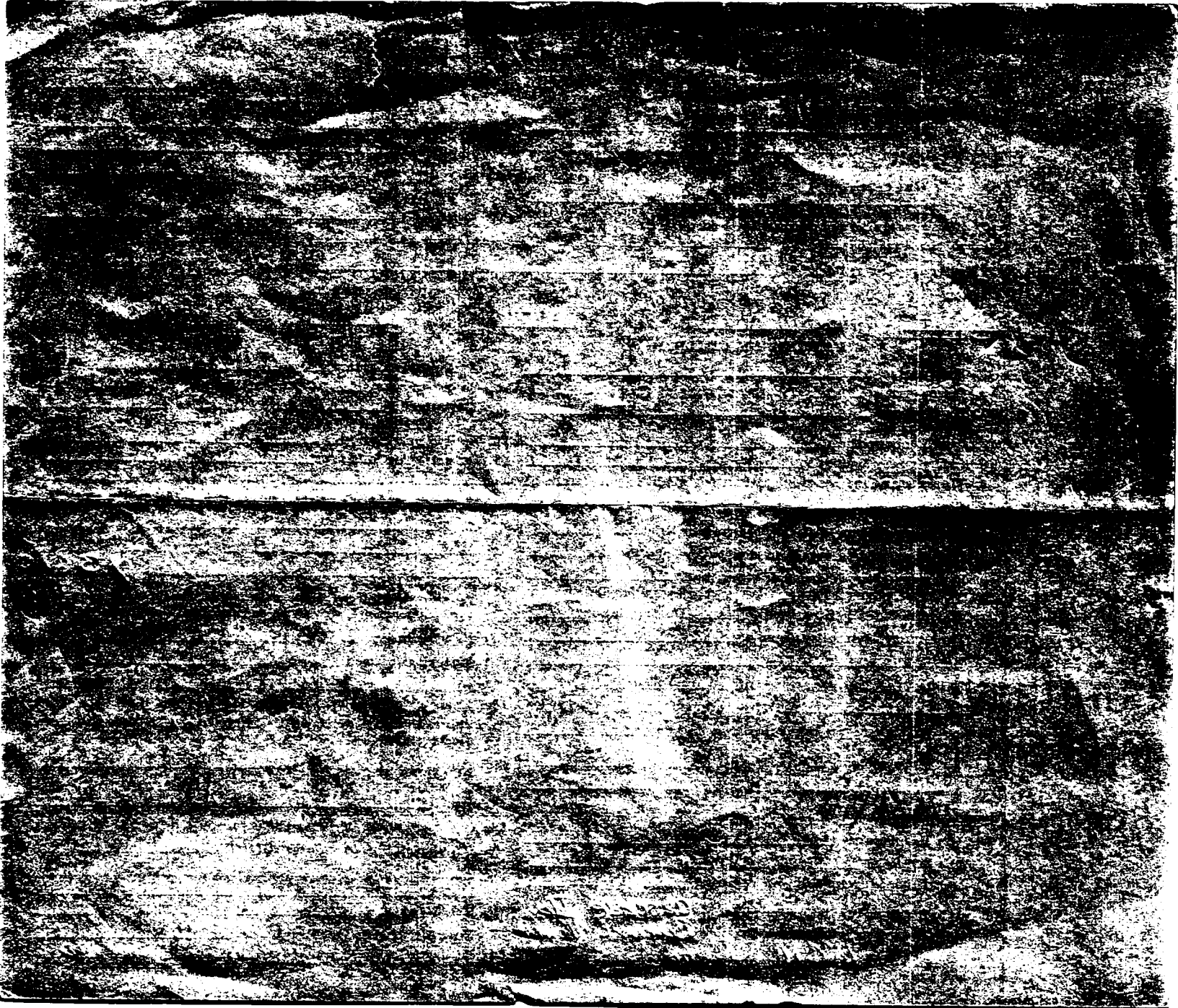
30. (a) Burial, cremation, or removal (b) Date
(Month, day, year)
(c) Place of burial or cremation Cascade Ida.

31. (a) Signature of funeral director Burton E. Miller
(b) Address McCall Idaho

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth
(b) Signature Title

33. Date filed with local registrar June 29 - 1960

34. Registrar's own signature Myrtle Gardner



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 110
Local Reg. No. 3
Reg. Dist. No. 2-2

RECEIVED
AUG 10 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 753 Birch St.

3. CHILD'S NAME (Type or Print): WILLIAM RICHARD DREDGE

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 15 1960

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	NATHAN	EDWARD	DREDGE	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
47 YEARS	Malad, Idaho	Engineer, StateHighway -	Inspector Class I

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Helen	Margaret	IVIE	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
35 YEARS	LeGrande, Oregon	6	0	0

17. INFORMANT: Mahlon Dredge

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes X No
WEEKS	LBS. OZS.	Approximate date 1-54 X34-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Breech presentation
20b. MATERNAL CAUSES: Low lying placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prolapse of Umbil. Cord.
22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M.J.Sharp, M.D.
23b. DATE SIGNED: 8-2-60
23c. ATTENDANT'S ADDRESS: 544 E. Center Pocatello
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Removal	Jul.15,1960	Malad City Cemetery	Malad, Idaho

DATE REC'D BY LOCAL REG.: AUG 5 1960
REGISTRAR'S SIGNATURE:
26. FUNERAL DIRECTOR — ADDRESS: Raiford G. Benson — Malad, Idaho

Raiford G. Benson

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 111
Local Reg. No.
Reg. Dist. No.

RECEIVED
AUG 4 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN: Downey
c. FULL NAME OF HOSPITAL OR INSTITUTION: Marsh Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN: McCammon, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): None

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 16 1960

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Charles	Henry	Mowers	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Arimo, Idaho	Carmen	Rail Road

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Helen	Margret	Green	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	Downey, Idaho	3	none	none

17. INFORMANT:

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
40 WEEKS	6 LBS. 3½ OZS.	Approximate date Jan. 1, 1960 Y38.3

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown - Suspect malformed Brain
20b. MATERNAL CAUSES: None Unless Surgery in 2ND Trimester

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Gall Bladder Disease & Surgery
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]
23b. DATE SIGNED: 7-22-60
23c. ATTENDANT'S ADDRESS: Downey, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
	July 17, '60	McCammon Cemetery	McCammon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
Aug 1. 1960	[signature]	None

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 112
Local Reg. No.
Reg. Dist. No. 55

RECEIVED
JUL 29 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bear Lake Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomington Idaho
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Debbie Michel

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE ☑ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	June 25 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Kent	Grandy	Michel	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Montpelier Idaho	Construction	truck Driving

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Mary	Faye	Rowe	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18 YEARS	Indiana	None	1	None

17. INFORMANT Mrs. Wilford Michel

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
		Y 39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES 6 months Pregnancy (Prematurity)

20b. MATERNAL CAUSES Incompetent Cervical Os.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
None	None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Paul H. Thomas M.D.
23b. DATE SIGNED 6-29-60
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	June 28, 1960	Paris Cemetery	Paris Idaho

DATE REC'D BY LOCAL REG. 7/11/60
REGISTRAR'S SIGNATURE N. Merz

26. FUNERAL DIRECTOR ADDRESS Nate Matthews Montpelier Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 113
Local Reg. No. 121
Reg. Dist. No. 600

RECEIVED
AUG 22 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN: Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN: Blackfoot
d. STREET ADDRESS (If rural, give location): 1336 East Walker

3. CHILD'S NAME (Type or Print): Baby Jones

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 21 1960

7. FATHER'S NAME: a. (First) Eugene; b. (Middle) E.; c. (Last) Jones

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

11a. USUAL OCCUPATION: Agent

11b. KIND OF BUSINESS OR INDUSTRY: Oil co.

12. MOTHER'S MAIDEN NAME: a. (First) Norma; b. (Middle) Jean; c. (Last) Wilcox

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Shelley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Eugene E. Jones

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 4/36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: ~~Knot~~ Cord Around Neck Twice

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Merrill Parker M. D.

23b. DATE SIGNED: July 22, 1960

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 22, 1960

25c. NAME OF CEMETERY OR CREMATORY: Grove city cemetery

25d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Aug 22-1960

REGISTRAR'S SIGNATURE: Mrs Walter E. Reid

26. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho
Sandberg Funeral Home

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 114
Local Reg. No. 152
Reg. Dist. No. 610

RECEIVED AUG 3 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 1000 Hillview Avenue

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) June (Day) 30 (Year) 1960

7. FATHER'S NAME: a. (First) Edward b. (Middle) Roland c. (Last) Mackey

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Dover, Delaware

11a. USUAL OCCUPATION: Spray Painter

11b. KIND OF BUSINESS OR INDUSTRY: Sun Shipyard

12. MOTHER'S MAIDEN NAME: a. (First) Sharon b. (Middle) Ann c. (Last) Allred

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Salmon, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Sharon Ann Mackey Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: May, 1960 Y38.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anencephaly

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY, AND LABOR: Polyhydramnios

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Emma L Bell M.D.

23b. DATE SIGNED: 7/1/60

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: July 12 - 60

REGISTRAR'S SIGNATURE: Emma Bridges

26. FUNERAL DIRECTOR ADDRESS

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 115
Local Reg. No. 30-60
Reg. Dist. No. 100

RECEIVED JUL 29 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY: Boundary b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Boundary c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry d. STREET ADDRESS (If rural, give location): ———

3. CHILD'S NAME (Type or Print): Brian Lewis AKE

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 20, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Gary	Wayne	Ake	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Indiana	Mill Laborer	Lumber Mill

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Bonnita	Louise	Rice	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
20 YEARS	Montana	Two	None	None

17. INFORMANT: Hazel Rice

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No	
40 WEEKS	7 LBS. 10 OZS.	Approximate date	Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Compressed cord around baby's neck.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Dystocia due to Pelvic Paralysis	Low forceps extraction, respirator

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... l. or a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	23b. DATE SIGNED
Frederick W. Dawson, M.D.	7/22/60

23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
Bonners Ferry Idaho			

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	July 21, 1960	Grandview Cemetery	Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
July 25, 1960	Twyla Stone	Don C. Zachary	Bonners Ferry
		Hillcrest Memorial Chapel	

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 116
Local Reg. No. 8
Reg. Dist. No. 961

RECEIVED JUL 18 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Homedale
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Cook

4. SEX:

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) July (Day) 8 (Year) 1960

7. FATHER'S NAME: a. (First) Robert b. (Middle) c. (Last) Cook

8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS:

10. BIRTHPLACE (State or foreign country): Wilder..., Idaho

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Bonnie b. (Middle) c. (Last) Parker

13. COLOR OR RACE: White

14. AGE (At time of this birth) YEARS:

15. BIRTHPLACE (State or foreign country):

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: X Robert L. Cook

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date: 4 36. 2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Exsanguination

20b. MATERNAL CAUSES: Abruptio placentae

21. STATE ANY COMPLICATIONS OF PREGNANCY AND/OR LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M D

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS: Caldwell Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 9, 1960

25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

25d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 7-14-60

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: Peckham-Dakan-Davis Chapel, Caldwell, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 117
Local Reg. No. 8
Reg. Dist. No. 430

RECEIVED JUL 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): R.F.D.

3. CHILD'S NAME (Type or Print): Eileen Goddard

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 7, 1960

7. FATHER'S NAME: a. (First) Ferron b. (Middle) Fred c. (Last) Goddard

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): McGill, Neveda

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Farm

12. MOTHER'S MAIDEN NAME: a. (First) Eilleen b. (Middle) Roberta c. (Last) Anderson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Oakley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Lyman Ford Goddard

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: — LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [✓] No [ ]
Approximate date 3-18-60 Y 36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis.
20b. MATERNAL CAUSES: Placenta praevia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Intermittent bleeding

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.
23b. DATE SIGNED: 7-9-60
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 7/8/60
25c. NAME OF CEMETERY OR CREMATORY: Pleasant View
25d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: July 13 60
REGISTRAR'S SIGNATURE: Doris L. Starr
26. FUNERAL DIRECTOR: Smith Mortuary
ADDRESS: Burley, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 118
Local Reg. No. 830
Reg. Dist. No. 470

RECEIVED
AUG 4 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): rural

3. CHILD'S NAME (Type or Print): Lanny Dean Bowen

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 8, 1960

7. FATHER'S NAME: a. (First) Garth b. (Middle) LaMont c. (Last) Bowen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Burley, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Ferming

12. MOTHER'S MAIDEN NAME: a. (First) Linda b. (Middle) Elizabeth c. (Last) Wilcox

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Burley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Garth L Bowen Paul Ida

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 9 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: V 39.6

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown — Fetus dead in utero 2 weeks

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Difficult delivery

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy + Repair + outlet forceps

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:49 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. Bennett M.D.

23b. DATE SIGNED: 7/9/60

23c. ATTENDANT'S ADDRESS: Burley, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 9, 1960

25c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens

25d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: Aug 2 1960

REGISTRAR'S SIGNATURE: Doris L Starkey

26. FUNERAL DIRECTOR ADDRESS: Kern B. McCulloch - Burley Ida.

Form DPH-48020

MAR 30 1967

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No. 119
Local Reg. No. 831
Reg. Dist. No. 4120

RECEIVED AUG 4 1960 Bureau of Vital Statistics State of Idaho

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 522 East Thirteenth St.

3. CHILD'S NAME (Type or Print): Ralph Lloyd Frei

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 12, 1960

7. FATHER'S NAME: a. (First) Ralph; b. (Middle) Lloyd; c. (Last) Frei

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION: Oiler, Pacific Northwest Pipe Line

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) Lou; b. (Middle) Donnette; c. (Last) Cahoon

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Preston, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Ralph Lloyd Frei 522 East 13th Burley Idaho

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 3-2-60 Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphixia in Utero.
20b. MATERNAL CAUSES: Prolapsed Cord

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Mid forceps. + Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12 38 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Chas F Lytle MD
23b. DATE SIGNED: 12 July 60
23c. ATTENDANT'S ADDRESS: Burley Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal
25b. DATE: July 14, 1960
25c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
25d. LOCATION (City, town, or county) (State): Park, Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Aug 2 1960
REGISTRAR'S SIGNATURE: Doris L. Starr
26. FUNERAL DIRECTOR: Ken B. McCulloch
ADDRESS: Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 120
Local Reg. No. 27
Reg. Dist. No. 651

RECEIVED JUL 15 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY GIRL FRANSEN

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 9, 1960

7. FATHER'S NAME: a. (First) Gerry; b. (Middle); c. (Last) Fransen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Ashton, Idaho

11a. USUAL OCCUPATION: Farmer and

11b. KIND OF BUSINESS OR INDUSTRY: Laborer

12. MOTHER'S MAIDEN NAME: a. (First) Sharen; b. (Middle) Lee; c. (Last) Moon

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
3	0	0

17. INFORMANT: Arthur B. Moon

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 14 OZS.

19. Was a standard serological test for syphilis performed? Yes [✓] No [ ] Approximate date May 1960 Y 36.0

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphyxia due to cord knotted around neck.

20b. MATERNAL CAUSES: Bandl's Contraction ring around neck of fetus causing head.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature + complete breech

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible], M.D.

23b. DATE SIGNED: 10 July 60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10 July 60

25c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery

25d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 10 July 60

REGISTRAR'S SIGNATURE: M. L. Hansen

26. FUNERAL DIRECTOR: M. L. Hansen

ADDRESS: St. Anthony, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 121
Local Reg. No.
Reg. Dist. No. 120

REC AUG 15 1960 Bureau of Vital

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 29

3. CHILD'S NAME (Type or Print): Infant Boy Theodore Semanko

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 7/20/60

7. FATHER'S NAME: a. (First) Claude A. b. (Middle) c. (Last) Semanko

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Wisconsin

11a. USUAL OCCUPATION: Warehouseman

11b. KIND OF BUSINESS OR INDUSTRY: Rathdrum Grain Growe

12. MOTHER'S MAIDEN NAME: a. (First) Rosemary b. (Middle) Warnken c. (Last)

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Claude Semanko

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Probable immature respiratory system - Fetal Atelectasis.

20b. MATERNAL CAUSES: Prolonged labor, Frank breech presentation, in primipara and paroxysmal tachycardia, intrapartum

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: same as 20b

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Paul Shrum, M.D.

23b. DATE SIGNED: 7/30/60

23c. ATTENDANT'S ADDRESS: Hayden Lake, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/22/60

25c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Aug. 8, 1960

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR ADDRESS: Yates-Morse Funeral Home, C.D'A.Ida.

Form DPH-48020

JUN 12 1981

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 122
Local Reg. No. 262
Reg. Dist. No. 630

RECEIVED JUL 19 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jeffersen
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Lorenzo)
d. STREET ADDRESS (If rural, give location): Rt. 1 Lorenzo,

3. CHILD'S NAME (Type or Print): Ann Hollingsworth

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) July (Day) 6 (Year) 1960

7. FATHER'S NAME: a. (First) LaVern b. (Middle) Gyle c. (Last) Hollingsworth

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Preston, Idaho

11a. USUAL OCCUPATION: Clerk

11b. KIND OF BUSINESS OR INDUSTRY: Retail Store

12. MOTHER'S MAIDEN NAME: a. (First) Marian b. (Middle) c. (Last) Golder

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Menan Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: L. Gyle Hollingsworth

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 13 OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: May, 1960

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Uterine malformation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Blaine Harvey M.D.

23b. DATE SIGNED: 7-6-60

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removla

25b. DATE: 7/6/60

25c. NAME OF CEMETERY OR CREMATORY: Preston

25d. LOCATION (City, town, or county) (State): Preston Franklin Idaho

DATE REC'D BY LOCAL REG.: 7-6-60

REGISTRAR'S SIGNATURE: Lyona Flamm

26. FUNERAL DIRECTOR: Kenneth Flamm ADDRESS: Rexburg, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 123
Local Reg. No. 55
Reg. Dist. No. 45-2

RECEIVED AUG 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn (Heyburn)
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Infant Girl Anaya

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 31 1960

7. FATHER'S NAME: a. (First) Carlos; b. (Middle); c. (Last) Anaya

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 32 32 YEARS

10. BIRTHPLACE (State or foreign country): Alpine Texas

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Susan; b. (Middle); c. (Last) Sanchez

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 28 28 YEARS

15. BIRTHPLACE (State or foreign country): Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Carlos Anaya

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date June 9, 1960 Y 35.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord Accident Trauma.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other):

23b. DATE SIGNED: 8-1-60

23c. ATTENDANT'S ADDRESS: Rupert Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug 3 1960

25c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

25d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 8-9-60

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

26. FUNERAL DIRECTOR ADDRESS: Robert C Walk Rupert Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 124
Local Reg. No. 150
Reg. Dist. No. 220

REC'D AUG 8 1960 Bureau of Pr.

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Shelly Rae Vanderpool

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 29, 1960

7. FATHER'S NAME: a. (First) Floyd; b. (Middle) Cleveland; c. (Last) Vanderpool

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): Winthrop, Washington

11a. USUAL OCCUPATION: mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Lumbering

12. MOTHER'S MAIDEN NAME: a. (First) Rose; b. (Middle) Marie; c. (Last) Snyder

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Weippe, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: x Martha A. Beebe

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 13½ OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date MARCH 1960 Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: SEE 21

20b. MATERNAL CAUSES: SEE 21

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: COMPRESSION OF UMBILICAL CORD

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:50 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. M. Mosby, M.D.

23b. DATE SIGNED: 8/1/60

23c. ATTENDANT'S ADDRESS: LEWISTON, IDAHO

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): removal-burial

25b. DATE: 8/1/60

25c. NAME OF CEMETERY OR CREMATORY: Weippe Cemetery

25d. LOCATION (City, town, or county) (State): Weippe, Clearwater, Idaho

DATE REC'D BY LOCAL REG.: 8/1/60

REGISTRAR'S SIGNATURE: Cora Kinzer

26. FUNERAL DIRECTOR: Brower-Wann by L. E. DeBaun

ADDRESS: Lewiston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 125
Local Reg. No. 179
Reg. Dist. No. 460

RECEIVED JUL 25 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): R # 1

3. CHILD'S NAME (If Type or Print): Baby Boy Cornwall

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE ☐ TWIN ☒ TRIPLET ☐	1ST ☒ 2ND ☐ 3RD ☐	June 13 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Herman	Ray	Cornwall	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
20 YEARS	Buhl - Idaho	Farmer	Farming

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Charlotte	Chloe	Skeen	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)
21 YEARS	Klamath Agency - Ore

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT: Self (Mother - Father)

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
22 WEEKS	1 LBS. 3 OZS.	Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature infant
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Howard C. Lewis M.D.
23b. DATE SIGNED: 6/20/60
23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	6-14-60	Magic Valley Mem. Hosp.	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
June 23, 1960	Jenna O Jamison	J. Woodson Creed, M. D. Twin Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 126
Local Reg. No. 180
Reg. Dist. No. 460

RECEIVED JUL 25 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): R # 1

3. CHILD'S NAME (If Type or Print): Baby Boy Cornwall

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE ☐ TWIN ☒ TRIPLET ☐	1ST ☐ 2ND ☒ 3RD ☐	June 13 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Herman	Lee	Cornwell	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Ind. - Idaho	Farmer	Farming

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Charlotte	Alice	Sears	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
21 YEARS	Klamath County, Ore	1	0	0

17. INFORMANT: Sears (father - mother)

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date
22 WEEKS	0 LBS. 2½ OZS.	Y 3 9. 6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. Woodson Creed M.D.

23b. DATE SIGNED: 6/20/60

23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	6-14-60	Magic Valley Mem. Hosp.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
June 23, 1960	Lenora O Sommer	J. Woodson Creed, M. D. Twin Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 127
Local Reg. No. 185
Reg. Dist. No. 460

RECEIVED JUL 25 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pharr
d. STREET ADDRESS (If rural, give location): Box 788 San Juan, Texas

3. CHILD'S NAME (Type or Print): Alvarado, Baby Girl

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 7 (Day) 15 (Year) 60

7. FATHER'S NAME: a. (First) Alfredo b. (Middle) Zepeda c. (Last) Alvarado

8. COLOR OR RACE: Mex.

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Mexico

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Farm

12. MOTHER'S MAIDEN NAME: a. (First) Julie b. (Middle) Gajardo c. (Last) Mendez

13. COLOR OR RACE: Mex.

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? --
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Alfredo Z Alvarado

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 6½ OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): O. Ellis Knight M.D.

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS: Kimberly Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/15/60

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls

25d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: July 19, 1960

REGISTRAR'S SIGNATURE: Lenora C. Forman

26. FUNERAL DIRECTOR: Keith Bird

ADDRESS: Whit's Mortuary Twin Falls

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 128
Local Reg. No. 200
Reg. Dist. No. 460

RECEIVED
AUG 22 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: ~~Filer~~ Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Twin Falls~~ Filer
d. STREET ADDRESS (If rural, give location): R. I

3. CHILD'S NAME (Type or Print): Baby Boy Douffet

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	7 24 60

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
William	Lewis	Douffet	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
38 YEARS	Illinois	Farm Laborer	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Nelda	Rae	Scroggins	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
29 YEARS	Arkansas	5	1	None

17. INFORMANT: x Nelda Douffet

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
40 WEEKS	7 LBS. 9¼ OZS.	Yes 3 9. 6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not determined

20b. MATERNAL CAUSES: Not determined

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None Known

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9 33 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard M. Smith M.D.

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS: 112 Addams St T. F

If NOT attended by physician:

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	July 27 1960	Magic Valley Memorial Hosp.	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
July 29, 1960	Lenora O. Forman	J. Wardon Creed & Co.	Twin Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 129
Local Reg. No. 313
Reg. Dist. No. 370

RECEIVED
AUG 18 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 405 Broad

3. CHILD'S NAME (Type or Print): JOSEPH GERALD GLEESON

4. SEX: Male

5a. THIS BIRTH: SINGLE ☒ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 1, 1960

7. FATHER'S NAME: a. (First) FRANCIS; b. (Middle) GERALD; c. (Last) GLEESON

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Illinois

11a. USUAL OCCUPATION: Roofer

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) ELLEN; b. (Middle) LUNEEN; c. (Last) GILES

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Frances G. Gleeson

18a. LENGTH OF PREGNANCY: 39 1/2 WEEKS

18b. WEIGHT AT BIRTH: 7 pounds 60 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date: Dec '59 Y38.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: CHRONIC - CEREBRAL dysgenesis - MONSTER

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: NONE

22. STATE ALL OPERATIONS FOR DELIVERY: NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Daniel G. Dodge MD

23b. DATE SIGNED: 10 Aug '60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8/6/60

25c. NAME OF CEMETERY OR CREMATORY: St. John's Sec.

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-17-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: Samuel G. Gleeson
Schreiber-Gibson Chapel, Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 130
Local Reg. No. 74
Reg. Dist. No. 5-10

RECEIVED
AUG 24 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 515 South Johnson

3. CHILD'S NAME (Type or Print): Baby Boy Nalley

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 1 1960

7. FATHER'S NAME: a. (First) William b. (Middle) Harold c. (Last) Nalley

8. COLOR OR RACE: White

9. AGE (At time of this birth): 52 YEARS

10. BIRTHPLACE (State or foreign country): Woodsfield, Ohio

11a. USUAL OCCUPATION: Shovel Operator

11b. KIND OF BUSINESS OR INDUSTRY: Simplot Mines

12. MOTHER'S MAIDEN NAME: a. (First) Thelma b. (Middle) c. (Last) Davis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 45 YEARS

15. BIRTHPLACE (State or foreign country): Robin, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Nine
b. How many children were born alive but are now dead? One
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs. Thelma Nalley

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 14 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: 38.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anencephaly

20b. MATERNAL CAUSES: Polyhydramnios

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:36 P *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George J. Cox M.D.

23b. DATE SIGNED: 8/5/60

23c. ATTENDANT'S ADDRESS: Pocatello

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4 Aug 1960

25c. NAME OF CEMETERY OR CREMATORY: Rest Lawn Mem. Gar.

25d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 17 1960

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: 510 No 12th Ave Pocatello, Idaho

Form DPH-48020

4626-60

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED AUG 29 1960 Bureau of Vital Statistics

State File No. 131
Local Reg. No. 123
Reg. Dist. No. 6-a-a

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1608 N. 12th St.

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 16 1960

7. FATHER'S NAME: a. (First) Unknown b. (Middle) c. (Last)

8. COLOR OR RACE: Unknown

9. AGE (At time of this birth): Unknown YEARS

10. BIRTHPLACE (State or foreign country): Unknown

11a. USUAL OCCUPATION: Unknown

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Rose b. (Middle) Faune c. (Last) Casebolt

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Beneth, Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? Two
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.

17. INFORMANT: Mother

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: — LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: June 1960

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None except born before age of viability

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature only

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:35A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Walter D Hoge MD

23b. DATE SIGNED: 8-21-60

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 8-16-60

25c. NAME OF CEMETERY OR CREMATORY: Bingham Memorial Hosp.

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Aug 25-1960

REGISTRAR'S SIGNATURE: Myrtle E. Falvie

26. FUNERAL DIRECTOR: Imyrald Tosik

ADDRESS: Blackfoot, Idaho

Form DPH-48020

Dr. Smith

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 132
Local Reg. No. 191
Reg. Dist. No. 610

RECEIVED SEP 12 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route 5

3. CHILD'S NAME (Type or Print): Luann Kay Law

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	1 Aug - 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Albert Earl	Dee	Law	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
44 YEARS	Shelley - Idaho	Farmer	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Verda		Jensen	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
40 YEARS	Basalt - Idaho	6	0	1

17. INFORMANT: Albert Law

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date Jan. 1960
		Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Umbilical Cord Compression
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): David H. Smith M.D.
23b. DATE SIGNED: 8-24-60
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	4 Aug - 1960	Basalt Cemetery	Basalt Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Sept. 6-1960	Anna Rudgers	Leo A. Williams	Idaho Falls Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

REC CERTIFICATE OF STILLBIRTH

State of Idaho

SEP 12 1960

State File No. 133
Local Reg. No. 32
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
d. STREET ADDRESS (If rural, give location): Box 477

3. CHILD'S NAME (Type or Print): Kelly Gene Whitmore

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) Aug. (Day) 24 (Year) 1960

7. FATHER'S NAME: a. (First) Bert b. (Middle) L. c. (Last) Whitmore

8. COLOR OR RACE: White

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country): Caldwell, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Leola b. (Middle) M. c. (Last) Lewis

13. COLOR OR RACE: White

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country): Notus, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT
X Bert L Whitmore

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date
Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not Known

20b. MATERNAL CAUSES: Not Known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prolonged Pregnancy

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Orko H. Haven M.D.

23b. DATE SIGNED: Aug. 31, 1960

23c. ATTENDANT'S ADDRESS: Caldwell, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug. 26, 1960

25c. NAME OF CEMETERY OR CREMATORY: Lower Boise

25d. LOCATION (City, town, or county): Parma

(State): Idaho

DATE REC'D BY LOCAL REG.: 9-6-60

REGISTRAR'S SIGNATURE: Vera Dakan, Deputy

26. FUNERAL DIRECTOR: Peckham-Dakan-Davis Chapel

ADDRESS: Caldwell, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 134
Local Reg. No.
Reg. Dist. No. 4-22

RECEIVED
AUG 25 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Almo
d. STREET ADDRESS (If rural, give location): ******

3. CHILD'S NAME (Type or Print): Infant Darrington

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 1, 1960

7. FATHER'S NAME: a. (First) Lee b. (Middle) Austin c. (Last) Darrington

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Elba, Idaho

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Dellah b. (Middle) c. (Last) Durfee

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Almo, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Dee C. Darrington

18a. LENGTH OF PREGNANCY: 31 WEEKS

18b. WEIGHT AT BIRTH: Not Weighed LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 3.18.60
Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Polyhydramnios

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Pneumonia

22. STATE ALL OPERATIONS FOR DELIVERY: No

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:06 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Thos. Ishaw M.D.

23b. DATE SIGNED: 16 Aug 60

23c. ATTENDANT'S ADDRESS: Burley Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug. 1, 1960

25c. NAME OF CEMETERY OR CREMATORY: Sunny Cedar Rest

25d. LOCATION (City, town, or county) (State): Almo, Idaho

DATE REC'D BY LOCAL REG.: Aug. 23, 1960

REGISTRAR'S SIGNATURE: Doris B. Hart

26. FUNERAL DIRECTOR: Hurtle Wayne

ADDRESS: Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

RECEIVED AUG 25 1960 State of Idaho
Bureau of Vital Statistics

State File No. 135
Local Reg. No. 127
Reg. Dist. No. 4-22

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Almo
d. STREET ADDRESS (If rural, give location): ********

3. CHILD'S NAME (Type or Print): Infant Darrington

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 1, 1960

7. FATHER'S NAME: a. (First) Lee b. (Middle) Austin c. (Last) Darrington

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Elba, Idaho

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Delilah b. (Middle) c. (Last) Durfee

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Almo, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Lee C. Darrington

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: Not Known LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 3.18.60 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Toxic hydramnios

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature

22. STATE ALL OPERATIONS FOR DELIVERY: no

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:27 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Wm M Johnson MD

23b. DATE SIGNED: 16 Aug 60

23c. ATTENDANT'S ADDRESS: Burley, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug. 1, 1960

25c. NAME OF CEMETERY OR CREMATORY: Sunny Cedar Rest

25d. LOCATION (City, town, or county) (State): Almo, Idaho

DATE REC'D BY LOCAL REG.: Aug 22. 1960

REGISTRAR'S SIGNATURE: Doris L. Hayden

26. FUNERAL DIRECTOR ADDRESS: Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 136
Local Reg. No.
Reg. Dist. No.

RECEIVED
AUG 25 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Route #2

3. CHILD'S NAME (Type or Print): Reva Mae Lafferty

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 3,1960

7. FATHER'S NAME: a. (First) Clarence b. (Middle) E. c. (Last) Lafferty

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Russelville, Arkansas

11a. USUAL OCCUPATION: Plastering

11b. KIND OF BUSINESS OR INDUSTRY: Building

12. MOTHER'S MAIDEN NAME: a. (First) Viola b. (Middle) c. (Last) Fullington

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Burley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Clarence Lafferty RT 2 Burley Idaho

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date May 1960 Y36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Premature Separation - Marginal Placenta Previa

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: See # 20 b.

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:30 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. P. Sutton M.D.

23b. DATE SIGNED: 8-11-60

23c. ATTENDANT'S ADDRESS: Burley Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Aug. 8, 1960

25c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery, Burley,

25d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: Aug 22 1960

REGISTRAR'S SIGNATURE: Doris L. Starr

26. FUNERAL DIRECTOR: Vern B. McCulloch

ADDRESS: Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 137
Local Reg. No. 2326
Reg. Dist. No. 42C

1. PLACE OF STILLBIRTH
a. COUNTY: AUG 29 GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOODING MEM. HOSP.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
d. STREET ADDRESS (If rural, give location): RT. 1

3. CHILD'S NAME (Type or Print): MELLONY ANN MILLER

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
F	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	AUG. 14, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
ALLAN	W	MILLER	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
32 YEARS	BUHL IDAHO	MECHANIC	INDUSTRIAL

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
PEGGY	FRUIT	MILLER	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	OKLA.	TWO		NONE

17. INFORMANT: Allan W. Miller

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes ✓ No
37 WEEKS	6 LBS. 4 OZS.	Approximate date June 1960 Y36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Premature separation of the Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature separation of Placenta

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Walter O Anderson M.D.
23b. DATE SIGNED: 15 Aug 1960
23c. ATTENDANT'S ADDRESS: Gooding, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
BURIAL	8/16/1960	HAGERMAN	CITY IDAHO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
8-24-60	Bessie S. Hayes	J. Fawcett Mortuary, Hagerman

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 138
Local Reg. No. 48
Reg. Dist. No. 240

RECEIVED
SEP 14 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 404 North Mill

3. CHILD'S NAME (Type or Print): None

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	August 26, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
David	C.	Terry	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Mina, California	Forester	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Wilma	J.	Johnson	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Montana	1	none	none

17. INFORMANT: David C. Terry Grangeville

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date
28 WEEKS	LBS. OZS.	Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown (Fetus dead 1 mo before delivery)

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
None	None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:15 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): William H Cone M. D.
23b. DATE SIGNED: 7 Sept 60
23c. ATTENDANT'S ADDRESS: Grangeville Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	8/31/60	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Sept. 10, 1960	Irma Cone	Robertson-Hansen	Grangeville, Idaho

Form DPH-48020

139

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 49
Local Reg. No.
Reg. Dist. No. 2-10

RECEIVED
SEP 12 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville
d. STREET ADDRESS (If rural, give location): 324 North Meadow

3. CHILD'S NAME (Type or Print): Baby girl Gortsema

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	August 29, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Wilbur		Gortsema	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
31 YEARS	Grangeville, Idaho	logging	Lumber

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Rose	Marie	Seay	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
28 YEARS	Grangeville, Idaho	3		

17. INFORMANT
Mrs. Wilbur Gortsema

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes [✓] No [ ]
WEEKS	LBS. OZS.	Approximate date Feb 1960.

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Placenta previa & severe hemorrhage

V 36.1

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Central placenta previa

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Donald Saltzman M.D.

23b. DATE SIGNED: 2 Sept 60

23c. ATTENDANT'S ADDRESS: Grangeville, Idaho

If NOT attended by physician — 24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Aug 31, 1960	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Sept. 8, 1960

REGISTRAR'S SIGNATURE: Lina Cone

26. FUNERAL DIRECTOR: R.R. Hansen ADDRESS: Robertson-Hansen Funeral Home Grangeville

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
SEP 19 1960
Bureau of Vital Statistics

140

State File No.
Local Reg. No. 515
Reg. Dist. No. 440

1. PLACE OF STILLBIRTH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dietrich
d. STREET ADDRESS (If rural, give location): Box 136

3. CHILD'S NAME (Type or Print): Dusty Dear Cantrell

4. SEX: Male

5a. THIS BIRTH: SINGLE [XX] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 27, 1960

7. FATHER'S NAME: a. (First) Harold; b. (Middle) D.; c. (Last) Cantrell

8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): Mo.

11a. USUAL OCCUPATION: Spud buyer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Louise; b. (Middle) Jea nette; c. (Last) Page

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Neb.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT

18a. LENGTH OF PREGNANCY: 41 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 7-6-60
Y 38.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus.

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Vaginal Delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:25 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: 8-28-60

23c. ATTENDANT'S ADDRESS: Box 68, Shoshone Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-29-60

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

25d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 8-29-60

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR ADDRESS: Jim Holbrook Shoshone Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 141
Local Reg. No. 67C
Reg. Dist. No.

RECEIVED AUG 31 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Montana
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dillon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Mona Rae Kaufman

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE ☒ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	Aug. 23, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Thomas	Joseph	Kaufman	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Kansas	Ranch hand	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Nola	Joye	Stroud	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
16 YEARS	Idaho	0	0	0

17. INFORMANT: Thomas J. Kaufman

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes ☒ No ☐ Approximate date
32 WEEKS	4 LBS. 8 OZS.	July 1960 Y39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis, pulmonary
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Moore MD
23b. DATE SIGNED: 8-24-60
23c. ATTENDANT'S ADDRESS: Salmon Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	8-26-60	McRea	Leadore, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
8-29-60	Nita E. Johnson	Delbert Jones	Salmon, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 142
Local Reg. No. 30
Reg. Dist. No. 6-30

RECEIVED SEP 19 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN: Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): Johnson's Trailer Court

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 18 1960

7. FATHER'S NAME: a. (First) Lawrence b. (Middle) c. (Last) Tompkins

8. COLOR OR RACE: white

9. AGE (At time of this birth): 46 YEARS

10. BIRTHPLACE (State or foreign country): Walt Hill, Nebraska

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Renee b. (Middle) c. (Last) Redhorn

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Winnebago, Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 3
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3

17. INFORMANT: Renee Joan Tompkins

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 6½ OZS.

19 Was a standard serological test for syphilis performed? Yes....x..... No.....
Approximate date June, 1960 Y39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity, Membranes Ruptured

20b. MATERNAL CAUSES: Edema, Prolapsed Cord

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. F. Tingey M.D.

23b. DATE SIGNED: 8-22-60

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-20-60

25c. NAME OF CEMETERY OR CREMATORY: Rexburg

25d. LOCATION (City, town, or county) (State): Rexburg, Madison Idaho

DATE REC'D BY LOCAL REG.: 8-20-60

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: Burrell B. Flamm

ADDRESS: Rexburg Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 143
Local Reg. No. 125
Reg. Dist. No. 220

RECEIVED SEP 7 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 207 18th Avenue

3. CHILD'S NAME (Type or Print): JANE ANN BROWER

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
FEMALE	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	August 25, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
EUGENE	W.	BROWER	WHITE

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Lewiston, Idaho	heavy machinery salesman	heavy machinery

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
BONNIE		BROWN	WHITE

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)
37 YEARS	Kellogg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
4	none	none

17. INFORMANT: Eugene W Brower

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes X No
WEEKS	6 LBS. 12 OZS.	Approximate date March 9, 1960 X 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis
20b. MATERNAL CAUSES: Rh(-) c sens.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none.

22. STATE ALL OPERATIONS FOR DELIVERY: Intravenous Induction of labor.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:30 p *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. S. English M.D.
23b. DATE SIGNED: 8/31/60
23c. ATTENDANT'S ADDRESS: 628 5th Ave. Lew. Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	Aug. 26, 1960	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
9/1/60	Cora Kinzer	Brower-Wann by W. C. Black	Lewiston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 144
Local Reg. No. 144
Reg. Dist. No. 146

1. PLACE OF STILLBIRTH

a. COUNTY: Shoshone

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

RECEIVED SEP 7 1960 Bureau of Vital Statistics

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location): Box 123

3. CHILD'S NAME (Type or Print): Baby Boy Harrington

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 19 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Gerald	Frederick	Harrington	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Kellogg Idaho		ASARCO Galena

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Mary	Ann	Chambers	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	Caliente Nevada	Three	One	None

17. INFORMANT: Mary Ann Harrington Mother

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date
	8	about 9 months ago 32.5

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Septicemia

20b. MATERNAL CAUSES: Acute Placentitis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarian Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:00 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife or other): J. M. Peterson M.D.

23b. DATE SIGNED: 8-13-60

23c. ATTENDANT'S ADDRESS: Wallace, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	8-16-60	United	Wallace

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
8-16-60	Hall & Cornell	Hall & Cornell Wallace Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 14 145
Local Reg. No.
Reg. Dist. No. 310

RECEIVED
AUG 30 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Valley
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mc Call
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mc Call Memorial Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Valley
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mc Call
d. STREET ADDRESS (If rural, give location): Box 106

3. CHILD'S NAME (Type or Print): Baby Boy Wiggins

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE ☑ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	8 5 60

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Kermit	Lewis	Wiggins	Cauc.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Cambridge, Idaho	Telephone repairman	Telephone

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Joanna	Rae	Correll	Cauc.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)
26 YEARS	Indian Valley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
2	0	0

17. INFORMANT: Kermit Wiggins

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes ☑ No ☐
39 WEEKS	7 LBS. 8 OZS.	Approximate date Mar 1960.

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus
20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:30 A m.

23a. ATTENDANT'S SIGNATURE: James R Stewart (Specify if M. D., midwife, or other): M.D.
23b. DATE SIGNED: 8-8-60
23c. ATTENDANT'S ADDRESS: Mc Call, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	August 10 '60	Mid Vale Cemetery	Midvale Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Aug 26-1960	Myrtle Gardner	Burton E Walker Walker Funeral Home	McCall Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 146
Local Reg. No. 382
Reg. Dist. No. 370

RECEIVED
OCT 18 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #1

3. CHILD'S NAME (Type or Print): BABY GIRL MOONEY

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 30, 1960

7. FATHER'S NAME: a. (First) Roger b. (Middle) V c. (Last) Mooney

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Fort Lauderdale, Florida

11a. USUAL OCCUPATION: Foreman

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Sally b. (Middle) J. c. (Last) Wright

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Southgate, Calif.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Sally J. Mooney

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS. 39.2

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date April 1960

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis foetalis

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): May F. Bell M.D

23b. DATE SIGNED: 10/4/60

23c. ATTENDANT'S ADDRESS: Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10/1/60

25c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn

25d. LOCATION (City, town, or county) (State): Boise (Ada) Idaho

DATE REC'D BY LOCAL REG.: 10-10-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR / ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 147
Local Reg. No. 78
Reg. Dist. No. 511

RECEIVED OCT 12 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route #2 North

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 5 (Day) 1 (Year) 60

7. FATHER'S NAME: a. (First) Alvin; b. (Middle); c. (Last) Buckskin

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Alberta; b. (Middle); c. (Last) Tillman

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Fort Washakie, Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Alberta T. Buckskin (Mother)

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature separation of placenta.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:54 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. McKeown M.D.

23b. DATE SIGNED: 22 Sept 1960

23c. ATTENDANT'S ADDRESS: Pocatello,

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: May 2, 1960

25c. NAME OF CEMETERY OR CREMATORY: Cedars Cem.

25d. LOCATION (City, town, or county) (State): Ft. Hall Ind. Res. Idaho

DATE REC'D BY LOCAL REG.: OCT 4 1960

REGISTRAR'S SIGNATURE: Gloria Dopta

26. FUNERAL DIRECTOR ADDRESS: Downers Funeral Home, Pocatello, Idaho
John P. Downer

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 148
Local Reg. No. 74
Reg. Dist. No. 5-10

RECEIVED OCT 3 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1314 North Hayes

3. CHILD'S NAME (Type or Print): Wayne H. Bostic (Mail to 1936 Griffith, Lincoln, Nebr.)

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 10 1960

7. FATHER'S NAME: a. (First) Wayne; b. (Middle) H.; c. (Last) Bostic

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Cornersville, Indiana

11a. USUAL OCCUPATION: U.S. Navy

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Myrna; b. (Middle) Rae; c. (Last) Johnson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Myrna Rae Bostic Mother

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 4 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Placental Separation

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George J. Cox MD

23b. DATE SIGNED: 9/30/60

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug. 23, '60

25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 2 1960

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR: Downard Fun'l Home ADDRESS: Pocatello, Ida.

Form DPH-48020

PHS-797(VS)
-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 149
Local Reg. No. 75
Reg. Dist. No. 5/0

RECEIVED
SEP 28 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 357 North 4th. Apt. #2

3. CHILD'S NAME (Type or Print): Baby Girl Swopes

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 29 1960

7. FATHER'S NAME: a. (First) Frank b. (Middle) Futrell c. (Last) Swopes

8. COLOR OR RACE: Colored

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Stuttgart, Arkansas

11a. USUAL OCCUPATION: Student

11b. KIND OF BUSINESS OR INDUSTRY: Idaho State College

12. MOTHER'S MAIDEN NAME: a. (First) Billie b. (Middle) Jean c. (Last) Buckner

13. COLOR OR RACE: Colored

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Shreveport, La.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Billie Jean Buckner Swopes Mother

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 0 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 7 months ago. Y 38.1

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus Multiple facial anomalies
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hydrocephalus

22. STATE ALL OPERATIONS FOR DELIVERY: Craniotomy after intrauterine death

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature illegible]
23b. DATE SIGNED:
23c. ATTENDANT'S ADDRESS: Pocatello, Idaho
If NOT attended by physician:
24. SIGNATURE OF AUTHORIZED OFFICIAL:
TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 1 Sept 60
25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
25d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: SEP 26 1960
REGISTRAR'S SIGNATURE: Gloria Wopita
26. FUNERAL DIRECTOR: [signature illegible]
ADDRESS: 510 No 12th Pocatello Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 150
Local Reg. No. 77
Reg. Dist. No. 510

RECEIVED
OCT 3 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 823 West Whitman

3. CHILD'S NAME (Type or Print): Dauphene Denise Mills

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 12 1960

7. FATHER'S NAME: a. (First) Darwin b. (Middle) Delano c. (Last) Mills

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Shoshone, Idaho

11a. USUAL OCCUPATION: Driver Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Cream Top Dairy

12. MOTHER'S MAIDEN NAME: a. (First) Helen b. (Middle) Marie c. (Last) Wood

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Los Angeles, California

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs. Helen Mills Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: 37.8

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hemorrhage from cord
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Episotomy Median

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:07 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John P. Merkley, M.D.

23b. DATE SIGNED: Sept 14, 1960

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9/15/60

25c. NAME OF CEMETERY OR CREMATORY: Shoshone

25d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: SEP 2 2 1960

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR ADDRESS: Pocatello, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 151
Local Reg. No. 95
Reg. Dist. No. 1-2

RECEIVED
OCT 17 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Box 34

3. CHILD'S NAME (Type or Print): Baby Howard

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 9 (Day) 28 (Year) 1960

7. FATHER'S NAME: a. (First) Richard b. (Middle) c. (Last) Howard

8. COLOR OR RACE: White

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country): Pierre S. Dakota

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) Janet b. (Middle) c. (Last) Edgar

13. COLOR OR RACE: White

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

18a. LENGTH OF PREGNANCY: 21 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS. 4 36.6

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 7/20/60

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Probable low placental implantation

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Wilbur C. Hayden M D

23b. DATE SIGNED: 10/2/60

23c. ATTENDANT'S ADDRESS: Sandpoint

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 10-6-60

25c. NAME OF CEMETERY OR CREMATORY: Bonner General Hosp

25d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: 10-14-60

REGISTRAR'S SIGNATURE: Caroline M Wilkie

26. FUNERAL DIRECTOR ADDRESS: Eric Smith, Administrator

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 152
Local Reg. No. 218
Reg. Dist. No. 610

RECEIVED OCT 12 1960

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Michigan
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flat Rock
d. STREET ADDRESS (If rural, give location): 30398 Huron Drive

3. CHILD'S NAME (Type or Print): MILINDA CANNON

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) September (Day) 15 (Year) 1960

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) Ray c. (Last) Cannon

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): East Alton, Illinois

11a. USUAL OCCUPATION: General Labor

11b. KIND OF BUSINESS OR INDUSTRY: Atomic reactor testing

12. MOTHER'S MAIDEN NAME: a. (First) Doris b. (Middle) Ola Jean c. (Last) Coffee

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Ecorse, Michigan

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Kenneth R. Cannon, Idaho Falls, Idaho

18a. LENGTH OF PREGNANCY WEEKS: 36+2

18b. WEIGHT AT BIRTH: 5 LBS. 5 OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: premature separation of placenta

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: toxemia + afibrinogenemia

22. STATE ALL OPERATIONS FOR DELIVERY: delivery only

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:40 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: 24 Sept 60

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 17, 1960

25c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Cem.

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 5-1960

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR ADDRESS: Orland C. Buck, Idaho Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 153
Local Reg. No. 219
Reg. Dist. No. 610

RECEIVED
OCT 12 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1370 Garfield Ave.

3. CHILD'S NAME (Type or Print): DAVID JOHN DAVIS

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 19 1960

7. FATHER'S NAME: a. (First) George b. (Middle) Evan c. (Last) Davis

8. COLOR OR RACE: White

9. AGE (At time of this birth): 44 YEARS

10. BIRTHPLACE (State or foreign country): Aberdeen, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Esther b. (Middle) KATHleen c. (Last) McQuarter

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: George E Davis

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS. 6 lbs. 4 oz.

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date 2/2/60

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Knot in umbilical cord

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Conrad S Balle MD

23b. DATE SIGNED: 9/26/60

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 21 '60

25c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Cem.

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Oct. 5-1960

REGISTRAR'S SIGNATURE: Anna Bridges

26. FUNERAL DIRECTOR: Orland E Buck ADDRESS: Idaho Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 154
Local Reg. No. 220
Reg. Dist. No. 610

RECEIVED
OCT 12 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Victor
d. STREET ADDRESS (If rural, give location): X

3. CHILD'S NAME (Type or Print): BABY BOY BRESSLER

4. SEX: MAle

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 30, 1960

7. FATHER'S NAME: a. (First) Leland; b. (Middle); c. (Last) Bressler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Parowan, Utah.

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Trucking & Sugar

12. MOTHER'S MAIDEN NAME: a. (First) Gayle; b. (Middle) Marie; c. (Last) McNeil

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Rigby, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Leland Bressler Ririe, Ida.

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: Y 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Erythroblastosis Fetalis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:20 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Glen Hall, M.D.

23b. DATE SIGNED: 10/5/60

23c. ATTENDANT'S ADDRESS: Rigby Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10/1/1960

25c. NAME OF CEMETERY OR CREMATORY: Pioneer

25d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG.: Oct. 7-1960

REGISTRAR'S SIGNATURE: Emma Bridges

26. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 155
Local Reg. No.
Reg. Dist. No.

RECEIVED
OCT 7 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. CHILD'S NAME (Type or Print): Seymour E. Wood

4. SEX: Male

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 2 - 1960

7. FATHER'S NAME: a. (First) Arthur b. (Middle) B. c. (Last) Wood

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Arco, Idaho

11a. USUAL OCCUPATION: Service Station owner-Manager

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) Ila b. (Middle) LaMoyne c. (Last) Beverland

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Moore, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Arthur Wood.

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 6/21/60 Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Extreme cord torsion

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. Reeves M.D.

23b. DATE SIGNED: 9/5/60

23c. ATTENDANT'S ADDRESS: Arco, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 4-1960

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

25d. LOCATION (City, town, or county) (State): Arco, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 20-1960

REGISTRAR'S SIGNATURE: Betty J. Marvel

26. FUNERAL DIRECTOR ADDRESS: Betty J. Marvel Arco, Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 156
Local Reg. No. 94
Reg. Dist. No. 36

RECEIVED OCT 24 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HUSTON
d. STREET ADDRESS (If rural, give location): GEN'L DEL.

3. CHILD'S NAME (Type or Print): ENRECA RODRIGUEZ

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 9 - 10 - 1960

7. FATHER'S NAME: a. (First) Isidro — b. (Middle) — c. (Last) Rodriguez

8. COLOR OR RACE: MEXICAN

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): MERCEDES, TEXAS

11a. USUAL OCCUPATION: FARM LABORER

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Sulema — b. (Middle) — c. (Last) Rodriguez

13. COLOR OR RACE: MEXICAN

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): BUNGE, TEXAS

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Sulema Rodriguez (Mother)

18a. LENGTH OF PREGNANCY WEEKS: 37

18b. WEIGHT AT BIRTH: 3 LBS. 13½ OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: June or July 1960 Y36.5

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown (Fetus was macerated) Placenta had infarcts

20b. MATERNAL CAUSES: No known causes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. R. Kellogg M.D. Assisted Dr. Chas. Krause

23b. DATE SIGNED: 17 October 60

23c. ATTENDANT'S ADDRESS: 1201 S. Kimball Caldwell Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9/10/60

25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

25d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 10-19-60

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR ADDRESS: Flahiff Funeral Chapel Thos. B. Flahiff

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 157
Local Reg. No. 84
Reg. Dist. No. 36-D

RECEIVED OCT 24 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: OREGON
b. COUNTY: MALHEUR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ADRIAN
d. STREET ADDRESS (If rural, give location): ROUTE 3- PARMA

3. CHILD'S NAME (Type or Print): FRAHM

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
MALE	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	SEPTEMBER 18 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
HOWARD	CHARLES	FRAHM	WHITE

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	MURRAY UTAH	FARMER	FARMING

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
KATHERINE	THEONE	HESTER	WHITE

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
25 YEARS	LOS ANGELES CALIFORNIA	4	0	0

17. INFORMANT: Katherine T. Frahm

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
WEEKS	8 LBS. OZS.	Approximate date May 1960 Y 32.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: No known causes
20b. MATERNAL CAUSES: Toxemia of pregnancy 3+ albuminuria Hypertension to 170 systolic

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Albuminuria, edema, hypertension
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L Kellogg M.D.
23b. DATE SIGNED: 17 Oct. 60
23c. ATTENDANT'S ADDRESS: 1201 S Kimball Caldwell Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Sept. 21, 1960	Owyhee Cemetery	Adrian Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
10-19-60	Agnes M Denman	Melville D Davis	Peckham-Dakan-Davis Chapel, Caldwell, Idaho

Form DPH-48020



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 158
Local Reg. No. 79
Reg. Dist. No. 210

RECEIVED OCT 10 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Rita Catherine Gray

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 27 1960

7. FATHER'S NAME: a. (First) Neal b. (Middle) West c. (Last) Gray

8. COLOR OR RACE: white

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Meridian, Idaho

11a. USUAL OCCUPATION: Logger

11b. KIND OF BUSINESS OR INDUSTRY: Logging

12. MOTHER'S MAIDEN NAME: a. (First) Rita b. (Middle) Catherine c. (Last) Gray

13. COLOR OR RACE: white

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Sioux City, Iowa.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Neal West Gray

18a. LENGTH OF PREGNANCY: 43 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 15 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: 4-36-a

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphixia due to compression of umbilical cord.

20b. MATERNAL CAUSES: Prolapsed umbilical cord.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy with repair. Manual forceps delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:45 p.m.

23a. **ATTENDANT'S SIGNATURE** (Specify if M. D., midwife, or other): Harold N. Kuttas, M.D.

23b. DATE SIGNED: 9-30-60

23c. ATTENDANT'S ADDRESS: Orofino, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9/29/60

25c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cem.

25d. LOCATION (City, town, or county) (State): Kooskia Idaho.

DATE REC'D BY LOCAL REG.: Oct. 5, 1960

REGISTRAR'S SIGNATURE: Ruth Zellers

26. FUNERAL DIRECTOR — ADDRESS: Claude Tenney Kooskia Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Rec'd Oct 11, 1960

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 159
Local Reg. No. 12
Reg. Dist. No. 540

1. PLACE OF STILLBIRTH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Debra Benson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Sept 27, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Serge	Morgan	Benson	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS	Fairview, Idaho	Farmer	Agriculture

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Bondean		Aller	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
YEARS	Lewiston, Utah	6	None	None

17. INFORMANT: Serge M. Benson Weston, Idaho

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No.....
WEEKS	LBS. OZS.	Approximate date: X36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Right Short Cord about Baby's Neck

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): DeLamar Gibbons, M.D.

23b. DATE SIGNED: Sept 28, 1960

23c. ATTENDANT'S ADDRESS: Lewiston, Utah

If NOT attended by physician — 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	9-30-1960	Lewiston Cemetery	Lewiston Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
9-30-1960	Effie W. Brower	Webb Funeral Home, O. Sherwin Webb, Preston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 160
Local Reg. No. 1
Reg. Dist. No. 140

RECEIVED
OCT 4 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hosp. and Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace Idaho
d. STREET ADDRESS (If rural, give location): 415 Elm St.

3. CHILD'S NAME (Type or Print): Donald Wayne Hull

4. SEX: M

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH: (Month) 9 (Day) 3 (Year) 60

7. FATHER'S NAME: a. (First) Jack b. (Middle) Floyd c. (Last) Hull

8. COLOR OR RACE: W

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Kellogg Idaho

11a. USUAL OCCUPATION: Contractor

11b. KIND OF BUSINESS OR INDUSTRY: Building Contractor

12. MOTHER'S MAIDEN NAME: a. (First) Marianne b. (Middle) Alice c. (Last) Starr

13. COLOR OR RACE: W

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Spokane Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Jack Hull

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 12½ OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date X 36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio placenta

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:56 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E. E. Graedinger M.D.

23b. DATE SIGNED: 9-6-60

23c. ATTENDANT'S ADDRESS: Wallace, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9-7-1960

25c. NAME OF CEMETERY OR CREMATORY: Crestlawn

25d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: 9-7-60

REGISTRAR'S SIGNATURE: Mae I Conrad

26. FUNERAL DIRECTOR ADDRESS: Mae I Conrad Wallace Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 161
Local Reg. No. 152
Reg. Dist. No. 140

RECEIVED OCT 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hosp. and Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace Idaho
d. STREET ADDRESS (If rural, give location): 415 Elm St.

3. CHILD'S NAME (Type or Print): Ronald Duane Hull

4. SEX: M

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH: (Month) 9 (Day) 3 (Year) 60

7. FATHER'S NAME: a. (First) Jack b. (Middle) Floyd c. (Last) Hull

8. COLOR OR RACE: W

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Kellogg Idaho

11a. USUAL OCCUPATION: Contractor

11b. KIND OF BUSINESS OR INDUSTRY: Building Contractor

12. MOTHER'S MAIDEN NAME: a. (First) Marianne b. (Middle) Alice c. (Last) Starr

13. COLOR OR RACE: W

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Spokane Wash

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Jack Hull

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 12¾ OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: Y36 2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio placenta

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:58 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E. E. Brandsaeger M.D.

23b. DATE SIGNED: 9-6-60

23c. ATTENDANT'S ADDRESS: Wallace Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9-7-1960

25c. NAME OF CEMETERY OR CREMATORY: Unity

25d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: 9-7-60

REGISTRAR'S SIGNATURE: Ben Hansen

26. FUNERAL DIRECTOR ADDRESS: Geo. J. Carmichael Wallace Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 162
Local Reg. No. 385
Reg. Dist. No. 370

OCT 18 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 723 N. 27th St.

3. CHILD'S NAME (Type or Print): Infant Girl Lawler

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 6, 1960

7. FATHER'S NAME: a. (First) Bobby b. (Middle) c. (Last) Lawler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY: Building Industry

12. MOTHER'S MAIDEN NAME: a. (First) Louise b. (Middle) c. (Last) Franz

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Wallace, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Bobby Lawler

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 10-36-0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulation by umbilical cord

20b. MATERNAL CAUSES: None apparent

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James C. Chapman, M.D.

23b. DATE SIGNED: Oct 10, 1960

23c. ATTENDANT'S ADDRESS: 310 Idaho Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Oct. 10, 1960

25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-11-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Geo. W. Wagner

ADDRESS: Boise, Idaho

McBratney Golden Chapel

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 163
Local Reg. No. 298
Reg. Dist. No. 370

RECEIVED
OCT 26 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 309 E. 35th

3. CHILD'S NAME (Type or Print): Baby boy Young.

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) Oct. (Day) 17 (Year) 1960

7. FATHER'S NAME: a. (First) Grant b. (Middle) c. (Last) Young

8. COLOR OR RACE: W

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Kentucky

11a. USUAL OCCUPATION: Barber

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Ivory b. (Middle) S c. (Last) Hutchison

13. COLOR OR RACE: W

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: [signature]

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 9 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 11-39-6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None - Premature

20b. MATERNAL CAUSES: None - Premature

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:15 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James T. Mayfield M.D.

23b. DATE SIGNED: 10-17-60

23c. ATTENDANT'S ADDRESS: 104 N. Latah Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 10-18-60

25c. NAME OF CEMETERY OR CREMATORY: St. Luke's Hospital

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 10-21-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Form DPH-48020

MAR 17 2000

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 164
Local Reg. No. 415
Reg. Dist. No. 370

RECEIVED NOV 17 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 145 Horizon Drive

3. CHILD'S NAME (Type or Print) Huttehall

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE ☑ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	Oct. 21, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Eugene E.	Huttehall		White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
49 YEARS	Baker, Oregon	Civil Engineer	U S Gov't

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Enid	Frances	Holmes	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
48 YEARS	Salt Lake City, Utah	4		

17. INFORMANT Mrs. Enid F. Huttehall – Mother

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed?	
	1 LBS. 7 OZS.	Approximate date 10/22/60	Yes X No 136.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Premature separation of Placenta.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:16 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): May G. Bell M.D.

23b. DATE SIGNED: 10/23/60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	10-23-60	St. Luke's Hospital	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
10-31-60	Myrtle Palmer	Dale McMurray SUMMERS FUNERAL HOME	Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 165
Local Reg. No. 19
Reg. Dist. No. 5-10

RECEIVED NOV 2 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 440 West Oak

3. CHILD'S NAME (Type or Print): Carol Diane Morgan

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 17 1960

7. FATHER'S NAME: a. (First) Theodore b. (Middle) Ernest c. (Last) Morgan

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

11a. USUAL OCCUPATION: Class "A" Operator

11b. KIND OF BUSINESS OR INDUSTRY: Simplots

12. MOTHER'S MAIDEN NAME: a. (First) Freda b. (Middle) Carol c. (Last) Monroe

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs. Freda Morgan Mother

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 12½ ZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date X 39.2

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis

20b. MATERNAL CAUSES: Rh Incompatibility

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:29 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jay P. Merkley, M.D.

23b. DATE SIGNED: Oct 10, 1960

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 19 Sept 60

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: OCT 24 1960

REGISTRAR'S SIGNATURE: Ilona Dopita

26. FUNERAL DIRECTOR: Allen J. Mauney

ADDRESS: 370 No 12th Pocatello, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
NOV 21 1960

State File No. 166
Local Reg. No. 81
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 437 South Hayes

3. CHILD'S NAME (Type or Print): Baby Girl Fenwick

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 16 1960

7. FATHER'S NAME: a. (First) Marvin; b. (Middle) Leroy; c. (Last) Fenwick

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Welder

11b. KIND OF BUSINESS OR INDUSTRY: Flaherty Mfg. Co.

12. MOTHER'S MAIDEN NAME: a. (First) Lue Ann; b. (Middle); c. (Last) Parkinson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Parker, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Three
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs. Lue Ann Fenwick Mother

18a. LENGTH OF PREGNANCY: 33 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 4 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:06 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Dwight J. Cox M.D.

23b. DATE SIGNED: 10/20/60

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 29 Oct. 60

25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: NOV 17 1960

REGISTRAR'S SIGNATURE: Mae Jones, Deputy

26. FUNERAL DIRECTOR: Ellen J. Mahoney

ADDRESS: 510 North 12th Pocatello, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 167
Local Reg. No. 28
Reg. Dist. No. 410

RECEIVED OCT 31 1960

1. PLACE OF STILLBIRTH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Cynthia Ann Shipp

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 21, 1960

7. FATHER'S NAME: a. (First) LeRoy; b. (Middle) LaVern; c. (Last) Shipp

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Hailey, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Mildred; b. (Middle) Elizabeth; c. (Last) James

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Hailey, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mrs. Mildred James

18a. LENGTH OF PREGNANCY: 42 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: April, 1960
Y3811

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: Oct. 22, 1960

23c. ATTENDANT'S ADDRESS: Hailey, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Oct. 24, 1960

25c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

25d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG. Oct-25-60

REGISTRAR'S SIGNATURE: Robert H. Wright-per

26. FUNERAL DIRECTOR: Ray McGoldrick

ADDRESS: Hailey

e/Sw. Ray McGoldrick

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 168
Local Reg. No. 251
Reg. Dist. No. 610

RECEIVED NOV 9 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter-day Saints Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 579 Lomax

3. CHILD'S NAME (Type or Print): Baby Butler

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 17 1960

7. FATHER'S NAME: a. (First) Robert b. (Middle) Glenn c. (Last) Butler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Newdale, Idaho

11a. USUAL OCCUPATION: Checker

11b. KIND OF BUSINESS OR INDUSTRY: Idaho Creameries

12. MOTHER'S MAIDEN NAME: a. (First) Sharon b. (Middle) Louise c. (Last) Camp

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Malad, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Sharon Butler (Mother)

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 4 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: May 1960
Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:10 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Milton T. Rees M.D.

23b. DATE SIGNED: 11-2-60

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 10-27-60

25c. NAME OF CEMETERY OR CREMATORY: L.D.S.Hospital

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 2-1960

REGISTRAR'S SIGNATURE: Emma Rudger

26. FUNERAL DIRECTOR ADDRESS: None

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 169
Local Reg. No. 9
Reg. Dist. No. 3-6-2

RECEIVED OCT 25 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 207 Venice

3. CHILD'S NAME (Type or Print): Susan Diane Johnson

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) October (Day) 14 (Year) 1960

7. FATHER'S NAME: a. (First) Donald b. (Middle) E. c. (Last) Johnson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Meridian, Idaho

11a. USUAL OCCUPATION: Foreman-Storey Hatchery

11b. KIND OF BUSINESS OR INDUSTRY: Chicken

12. MOTHER'S MAIDEN NAME: a. (First) Donna b. (Middle) c. (Last) Troyer

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Martland Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1		

17. INFORMANT: Mrs. D. E. Johnson

18a. LENGTH OF PREGNANCY WEEKS: 36

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature placental separation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none except 20b

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:20 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): F. D. Kerkne M. D

23b. DATE SIGNED: 10/19/60

23c. ATTENDANT'S ADDRESS: Nampa, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10/15/1960

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

25d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Oct. 22, 1960

REGISTRAR'S SIGNATURE: Jane Steck

26. FUNERAL DIRECTOR: John T. Alsip, Jr.

ADDRESS: Nampa, Idaho

ALSIP FUNERAL CHAPEL 404-10Ave. So.

Form DPH-48020

Embalmed by--
Richard Reed--- 440 -Nampa 10/14/60

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 170
Local Reg. No. 1
Reg. Dist. No. 520-522

RECEIVED
NOV 4 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Johnson

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 21, 1960

7. FATHER'S NAME: a. (First) Jay; b. (Middle) Dee; c. (Last) Johnson

8. COLOR OR RACE: white

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Logan, Utah

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Garage

12. MOTHER'S MAIDEN NAME: a. (First) Shirley; b. (Middle) Mae; c. (Last) Chapman

13. COLOR OR RACE: white

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Preston, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: X Shirley Johnson

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: April 1960

Y 36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E E Hansen M.D.

23b. DATE SIGNED: 10-25-60

23c. ATTENDANT'S ADDRESS: Grace, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): removal

25b. DATE: 10-22-60

25c. NAME OF CEMETERY OR CREMATORY: Allen Funeral Home

25d. LOCATION (City, town, or county) (State): Soda Springs Idaho

DATE REC'D BY LOCAL REG.: 10-25-60

REGISTRAR'S SIGNATURE: Darle Chenett

26. FUNERAL DIRECTOR — ADDRESS: Theadore S. Allen — Soda Springs, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 171
Local Reg. No. 839
Reg. Dist. No. 470

RECEIVED
NOV 7 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 658 Conant Ave.

3. CHILD'S NAME (Type or Print): Infant Estrada

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Oct. 20, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Francisco	Estrada		Mexican

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
51 YEARS	Mexico	Laborer	******

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Ramona		Chavez	Mexican

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
47 YEARS	Hardin, Montana	9	3	3

17. INFORMANT
x Robert Estrada

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
		Pat Fr my Prenatal gs y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Sudden Uterine Acute Asphyxia
20b. MATERNAL CAUSES: Premature Labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

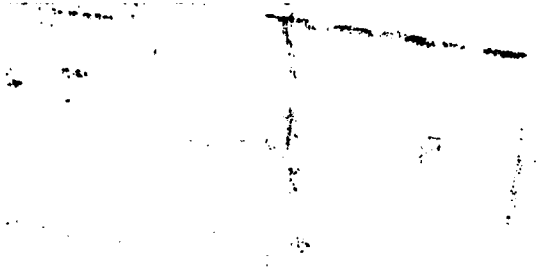
I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Hugh E Dean MD
23b. DATE SIGNED: Oct-26-60
23c. ATTENDANT'S ADDRESS: Burley Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	10/23/60	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
11-1-60	Farrel Thurston	J. Gordon Wright	Burley

Form DPH-48020



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 172
Local Reg. No. 837
Reg. Dist. No. 470

RECEIVED NOV 7 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: N. Mexico
b. COUNTY: McKinley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallup
d. STREET ADDRESS (If rural, give location): ******

3. CHILD'S NAME (Type or Print): JENNIFER JOHNSON

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Oct. 24, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Wilson	Ray	Johnson	Indian

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
19 YEARS	Gallup, N. M.	Laborer	Agriculture

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Lindsey		Yazzie	Indian

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	Gallup, N. M.			

17. INFORMANT
Wilson Ray Johnson

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
24 WEEKS	LBS. OZS.	Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown
20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None known

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible]
23b. DATE SIGNED: [illegible]
23c. ATTENDANT'S ADDRESS: [illegible]
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	10/26/60	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
11-1-60	Karen Thurston	Earth Payne	Burley

Form DPH-48020



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 173
Local Reg. No. 845
Reg. Dist. No. 120

RECEIVED
NOV 14 1960
Vital Statistics
State of Idaho

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1718 Miller Ave.

3. CHILD'S NAME (Type or Print): Toni Ranae Cook

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Oct. 28, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Melvin		Cook	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Wynne, Arkansas	Machinist	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Joyce	Marie	Anthon	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
25 YEARS	Burley, Idaho	3	None	None

17. INFORMANT: Melvin Cook 1718 Miller Burley Idaho

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes [X] No [ ] Approximate date
36 WEEKS	7 LBS. 14 OZS.	June 1960 Y39,5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis
20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
None	None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. Kelly M.D.
23b. DATE SIGNED: 10-31-60
23c. ATTENDANT'S ADDRESS: Burley Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	Oct. 29, 1960	Pleasant View Cemetery,	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
11-9-60	Jarvis Thompson	Wm B. McCulloch	Burley, Idaho

Form DPH-48020

PHS-337(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 174
Local Reg. No. 59
Reg. Dist. No. 380 391

RECEIVED OCT 26 1960

1. PLACE OF STILLBIRTH
a. COUNTY: Elmore
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural - Mountain Home
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 30, 5 miles East

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural - Mountain Home
d. STREET ADDRESS (If rural, give location): Rural - Mountain Home 2 miles So.

3. CHILD'S NAME (Type or Print): THERESE MAUREEN HATCHER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 16, 1960

7. FATHER'S NAME: a. (First) Boyd; b. (Middle); c. (Last) Hatcher

8. COLOR OR RACE: white

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Missouri

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: construction

12. MOTHER'S MAIDEN NAME: a. (First) Carol; b. (Middle) Sue; c. (Last) Smith

13. COLOR OR RACE: white

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Claude C Smith

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes ____ No ____
Approximate date: Y39.6

CAUSE OF STILLBIRTH (Enter only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.))

20a. FETAL CAUSES: Birth was unattended breech in

20b. MATERNAL CAUSES: Auto Mr Injuries.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Unknown

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Arthur Smith Elmore County Coroner

23b. DATE SIGNED: 9-17-60

23c. ATTENDANT'S ADDRESS: Mtn. Home Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: Arthur Smith

TITLE: Coroner

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9/20/60

25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

25d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Oct 6 1960

REGISTRAR'S SIGNATURE: A Anderson

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: Bey Mortuary Mtn. Home, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 175
Local Reg. No. 26
Reg. Dist. No. 340-341

RECEIVED NOV 22 1960 Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2

3. CHILD'S NAME (Type or Print): Infant Browne

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 19, 1960

7. FATHER'S NAME: a. (First) Jack; b. (Middle) Ralph; c. (Last) Browne

8. COLOR OR RACE: white

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

11a. USUAL OCCUPATION: mill worker

11b. KIND OF BUSINESS OR INDUSTRY: mill

12. MOTHER'S MAIDEN NAME: a. (First) Martha; b. (Middle); c. (Last) Jantz

13. COLOR OR RACE: white

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Poland

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT: X Jack Ralph Browne

18a. LENGTH OF PREGNANCY WEEKS: 36

18b. WEIGHT AT BIRTH: 6 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes [ ] No [ ]
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapse of Cord & asphyxia (Stillborn)
20b. MATERNAL CAUSES: none

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R A [illegible], M D

23b. DATE SIGNED: 11 Dec. 1960

23c. ATTENDANT'S ADDRESS: Emmett, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Oct. 21, 1960

25c. NAME OF CEMETERY OR CREMATORY: Emmett

25d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Oct. 21, 1960

REGISTRAR'S SIGNATURE: Jean A Beatty

26. FUNERAL DIRECTOR ADDRESS: Glenn W Beatty, THE BEATTY CHAPEL, Emmett, Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 176
Local Reg. No. 8
Reg. Dist. No. 120

RECEIVED NOV 2 1960

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1002 Elm St

3. CHILD'S NAME (Type or Print): Baby Girl Putzier

4. SEX: F

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH: (Month) 10 (Day) 12 (Year) 60

7. FATHER'S NAME: a. (First) Marvin b. (Middle) D. c. (Last) Putzier

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): South Dakota.

11a. USUAL OCCUPATION: Labor

11b. KIND OF BUSINESS OR INDUSTRY: Sawmill

12. MOTHER'S MAIDEN NAME: a. (First) Carol b. (Middle) J. c. (Last) Thompson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mr. Marvin Putzier

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Premature rupture of membranes, spontaneous

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: 10-20-60

23c. ATTENDANT'S ADDRESS: Coeur d' Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10-15-60

25c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

25d. LOCATION (City, town, or county): Coeur d'Alene (State): Idaho

DATE REC'D BY LOCAL REG.: Oct. 27, 1960

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Yates-Morse ADDRESS: Gilbert Yates Coeur d'Alene Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 177
Local Reg. No. 7
Reg. Dist. No. 120

RECEIVED NOV 2 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1002 Elm St

3. CHILD'S NAME (Type or Print): Baby Boy Putzier

4. SEX: M

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH: (Month) 10 (Day) 14 (Year) 60

7. FATHER'S NAME: a. (First) Marvin b. (Middle) c. (Last) Putzier

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): South Dakota

11a. USUAL OCCUPATION: Labor

11b. KIND OF BUSINESS OR INDUSTRY: Sawmill

12. MOTHER'S MAIDEN NAME: a. (First) Carol b. (Middle) J. c. (Last) Thompson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mr. Marvin Putzier

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date: Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Premature rupture of membranes, spontaneous

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. Barclay M.D.

23b. DATE SIGNED: 10-20-60

23c. ATTENDANT'S ADDRESS: Coeur d' Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10-15-60

25c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Oct. 27, 1960

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR ADDRESS: Yates-Morse Gilbert Yates Coeur d'Alene Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 178
Local Reg. No. 68
Reg. Dist. No. 462

RECEIVED
OCT 27 1960
VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY ~~Gem~~ Minidoka
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka County

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Jerome
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hazelton
d. STREET ADDRESS (If rural, give location) Route 1

3. CHILD'S NAME (Type or Print)
Baby Elmquist

4. SEX Fe

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 10 (Day) 13 (Year) 60

7. FATHER'S NAME a. (First) John b. (Middle) R c. (Last) Elmquist

8. COLOR OR RACE White

9. AGE (At time of this birth) 38 YEARS

10. BIRTHPLACE (State or foreign country) Stillwater Minn

11a. USUAL OCCUPATION Farmer

11b. KIND OF BUSINESS OR INDUSTRY Agriculture

12. MOTHER'S MAIDEN NAME a. (First) Nathalia b. (Middle) c. (Last) Massengale

13. COLOR OR RACE white

14. AGE (At time of this birth) 40 YEARS

15. BIRTHPLACE (State or foreign country) Basswell Oklahoma

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT John R Elmquist

18a. LENGTH OF PREGNANCY 36 WEEKS

18b. WEIGHT AT BIRTH 5 LBS. 2½ OZS.

19 Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Unknown.

20b. MATERNAL CAUSES None evident

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None

22. STATE ALL OPERATIONS FOR DELIVERY Midline episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ben K. Humphrey M.D.

23b. DATE SIGNED 10-9-60

23c. ATTENDANT'S ADDRESS Rupert Idaho

If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE 10-14-60

25c. NAME OF CEMETERY OR CREMATORY Rupert Cem

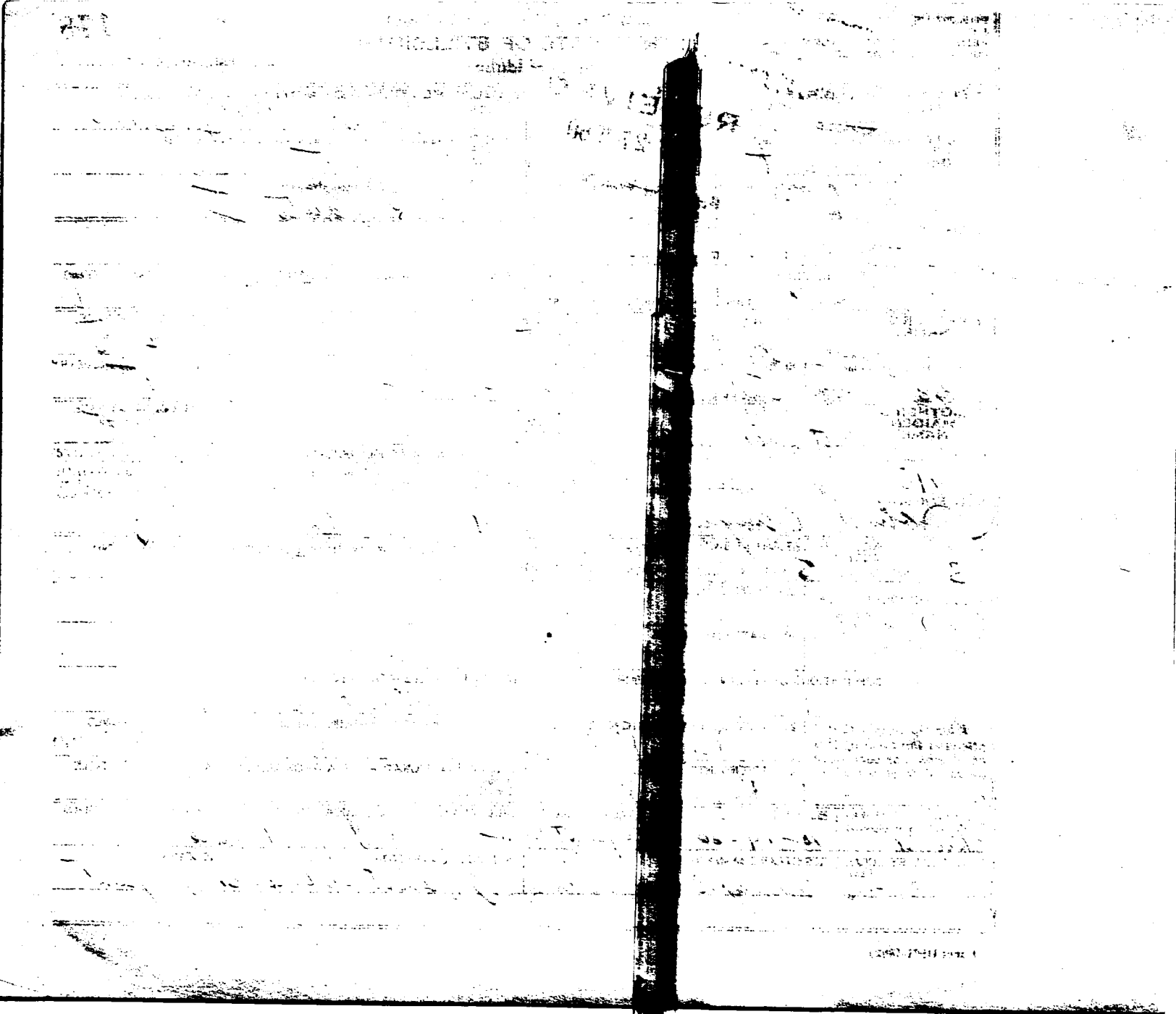
25d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 10-24-60

REGISTRAR'S SIGNATURE Mary Esther Carlson

26. FUNERAL DIRECTOR ADDRESS Gilbert McWalk. Rupert

Form DPH-48020



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 179
Local Reg. No. 268
Reg. Dist. No. 460

RECEIVED
OCT 19 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 335 - 7th East

3. CHILD'S NAME (Type or Print): Baby Girl Babcock

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE ☒ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	October 7 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Anthony	Elwood	Babcock	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
42 YEARS	Texas	Contractor	Brick Contractor

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Betty	Irene	Cox (Babcock)	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
30 YEARS	Texas	3	0	0

17. INFORMANT: Anthony E. Babcock

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No	
19 WEEKS	LBS. 3 3/4 OZS.	Approximate date	9-39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown
20b. MATERNAL CAUSES: Premature del.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Labor

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Howard C. Lure M.D.
23b. DATE SIGNED: 10/7/60.
23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Cremation	10/10/60	Magic Valley Memorial Hospital	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
OCT 12 1960	Jenora O. Forman	J. Wootton Creed Mrs.	Twin Falls Idaho

Form DPH-48020

PHS 7797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 180
Local Reg. No. 80
Reg. Dist. No. 5-1

RECEIVED
DEC 1 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Fort Hall
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Long

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 26, 1960

7. FATHER'S NAME: a. (First) Francis; b. (Middle) Largo; c. (Last) Long

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): New Mexico

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Laura; b. (Middle) ---; c. (Last) Appenay

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Laura Long — mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord around neck

20b. MATERNAL CAUSES: Pre-eclampsia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Pre-eclampsia

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L. D. Walker M.D.

23b. DATE SIGNED: 9-27-60

23c. ATTENDANT'S ADDRESS: Fort Hall, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9-27-60

25c. NAME OF CEMETERY OR CREMATORY: Fort Hall Cem.

25d. LOCATION (City, town, or county) (State): Ft. Hall Indian Res. Idaho

DATE REC'D BY LOCAL REG.: NOV 4 1960

REGISTRAR'S SIGNATURE: Gloria Depta

26. FUNERAL DIRECTOR: Downards — ADDRESS: Pocatello

John P. Downards

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 181
Local Reg. No. 82
Reg. Dist. No. 6-D

RECEIVED
NOV 21 1960

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Girl Campbell

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) Nov. (Day) 12 (Year) 1960

7. FATHER'S NAME: a. (First) Robert b. (Middle) Davis c. (Last) Campbell

8. COLOR OR RACE: W

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Am. Falls, Idaho

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY: Building

12. MOTHER'S MAIDEN NAME: a. (First) Audene b. (Middle) c. (Last) Christensen

13. COLOR OR RACE: W

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Am. Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Robert D. Campbell

18a. LENGTH OF PREGNANCY: 34 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 8 OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1/36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Torsion of Cord.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:31 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George J. Cox MD

23b. DATE SIGNED: 11/16/60.

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11-15-60

25c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetary

25d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: NOV 17 1960

REGISTRAR'S SIGNATURE: Mae Jones, Deputy

26. FUNERAL DIRECTOR: [signature]

ADDRESS: Am. Falls, Idaho

Form DPH-48020

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PHS-Z97(VS)
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 182
Local Reg. No.
Reg. Dist. No. 55

RECEIVED
NOV 18 1960
Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Leuscher

4. SEX: Male

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 1. 1960

7. FATHER'S NAME: a. (First) Tommy b. (Middle) Ray c. (Last) Leuscher

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Smithfield, Utah

11a. USUAL OCCUPATION: Meat Dealer

11b. KIND OF BUSINESS OR INDUSTRY: Meat Cutting

12. MOTHER'S MAIDEN NAME: a. (First) Rosselin b. (Middle) Marie c. (Last) Ritter

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Boise Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: J. B. Leuscher

18a. LENGTH OF PREGNANCY: 42 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Y 36 4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Placental Separation during Labor

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5 P.M.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carl A. Williams M.D.

23b. DATE SIGNED: 11-9-60

23c. ATTENDANT'S ADDRESS: Montpelier Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Nov. 3, 1960

25c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery

25d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: NOV 10 1960

REGISTRAR'S SIGNATURE: N. Mack

26. FUNERAL DIRECTOR ADDRESS: Mile Matthews Montpelier Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 183
Local Reg. No. 10
Reg. Dist. No. 3-6-2

RECEIVED
DEC 6 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 22 13th Ave. North

3. CHILD'S NAME (Type or Print): Katherine Ann PROSSER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 21, 1960

7. FATHER'S NAME: a. (First) William b. (Middle) c. (Last) Prosser

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Portland, Oregon.

11a. USUAL OCCUPATION: Office Worker

11b. KIND OF BUSINESS OR INDUSTRY: Hines Lumber Company

12. MOTHER'S MAIDEN NAME: a. (First) Marjorie b. (Middle) c. (Last) Johnson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Nampa, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Fred F. Johnson

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: X 38.9

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anencephaly - Prematurity

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other):

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 25, 1960

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens

25d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: Nov. 20, 1960

REGISTRAR'S SIGNATURE: Jane Steck

26. FUNERAL DIRECTOR: John F. Alsip Jr.

ADDRESS: Nampa, Idaho
404-10 Ave. So.

ALSIP FUNERAL CHAPEL

Form DPH-48020

Embalmed under direction of Richard , E. 440, Nampa, Idaho, 10/22/00

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 184
Local Reg. No. 85c
Reg. Dist. No. 420

RECEIVED NOV 23 1960

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1618 Hansen Ave

3. CHILD'S NAME (Type or Print): Kathleen Louise Walker

4. SEX: FeMale

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 10, 1960

7. FATHER'S NAME: a. (First) George b. (Middle) Butler c. (Last)

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Burley, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: The Amalgamated Sugar Co.

12. MOTHER'S MAIDEN NAME: a. (First) Sherry b. (Middle) Ann c. (Last) Kelly

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Ainsworth, Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: George B Walker

18a. LENGTH OF PREGNANCY: 23 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date: 139.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none except Prematurity

20b. MATERNAL CAUSES: Spont - Premature Labor 23 wks

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Spont Labor 23 wks

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): D R Hulton MD

23b. DATE SIGNED: 11/16/60

23c. ATTENDANT'S ADDRESS: Burley Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Nov. 14, 1960

25c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery

25d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: 11-21-60

REGISTRAR'S SIGNATURE: Parent Thurston

26. FUNERAL DIRECTOR: Vern B. McCulloch

ADDRESS: Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 185
Local Reg. No.
Reg. Dist. No.

RECEIVED
DEC 21 1960
Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): Southeast of Burley

3. CHILD'S NAME (Type or Print): Terrance Lynn Shaw

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 30, 1960

7. FATHER'S NAME: a. (First) Fredrick b. (Middle) Garth c. (Last) Shaw

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Burley, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Martha b. (Middle) Joyce c. (Last) Louthan

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): DesMoines, Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Fredrick Shaw Route #1 Burley Idaho

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 32.3

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Pre-eclamptic Toxemia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Pre-eclamptic Toxemia

22. STATE ALL OPERATIONS FOR DELIVERY: outlet forceps - Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:36 P.M.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): D. Sutton M.D.

23b. DATE SIGNED: 12-1-60

23c. ATTENDANT'S ADDRESS: Burley Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Dec. 3, 1960

25c. NAME OF CEMETERY OR CREMATORY: Malta Cemetery

25d. LOCATION (City, town, or county) (State): Malta, Idaho

DATE REC'D BY LOCAL REG.: 12-16-60

REGISTRAR'S SIGNATURE: Jarvis Thurston

26. FUNERAL DIRECTOR: Vern B. McCulloch ADDRESS: Burley Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 186
Local Reg. No. 24
Reg. Dist. No. 340-341

RECEIVED NOV 23 1960

1. PLACE OF STILLBIRTH
a. COUNTY Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mary Secor Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 307 East 1st St.

3. CHILD'S NAME (Type or Print) Tamara Elaine Combs

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Nov.17,1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Donald	Clark	Combs	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Hamlin, Kansas	laborer	farm

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Margaret		Cone	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
21 YEARS	Ontario, Oregon	1	0	0

17. INFORMANT X Donald Clark Combs

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
40 WEEKS	6 LBS. 2 OZS.	Approximate date 5-26-60 X 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Premature Rupture of membranes ? infection

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Rupture of membranes

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harman E. Halverson M.D.
23b. DATE SIGNED 11-20-60
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
burial	Nov.18,1960	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
Nov. 20, 1960	Jean A. Beatty	The Beatty Chapel Emmett, Idaho

Form DPH-48020

NOV 23 1960

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 187
Local Reg. No. 9
Reg. Dist. No. 120

RECEIVED
DEC 5 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 2115 Sherman

3. CHILD'S NAME (Type or Print): Sandra Hart

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 11 (Day) 26 (Year) 60

7. FATHER'S NAME: a. (First) John b. (Middle) D. c. (Last) Hart

8. COLOR OR RACE: W

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Coeur d'Alene Ida

11a. USUAL OCCUPATION: Motel Owner

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Roberta b. (Middle) J c. (Last) Dark

13. COLOR OR RACE: W

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Waterville Wash

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT:

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Probably Congenital Heart Disease

20b. MATERNAL CAUSES: none found

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 12 1 60

25c. NAME OF CEMETERY OR CREMATORY: Hazen & Jaeger

25d. LOCATION (City, town, or county): Spokane (State): Wash

DATE REC'D BY LOCAL REG.: Dec. 1, 1960

REGISTRAR'S SIGNATURE: Lorraine L. Brush

26. FUNERAL DIRECTOR: Yates-Morser ADDRESS: Gilbert Gate Coeur d'Alene Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 188
Local Reg. No. 120
Reg. Dist. No. 200

RECEIVED DEC 5 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Moscow)
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 344

3. CHILD'S NAME (Type or Print): Marcia Louise Albert

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 28, 1960

7. FATHER'S NAME: a. (First) Harold b. (Middle) Lyle c. (Last) Albert

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Latah Co., Idaho

11a. USUAL OCCUPATION: Line Foreman

11b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.

12. MOTHER'S MAIDEN NAME: a. (First) Joyce b. (Middle) Louise c. (Last) Emerson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Peshastin, Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Harold L. Albert Moscow Idaho

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes [✓] No [ ]
Approximate date: Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Cord around neck 5x

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:35 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. A. Brooks M.D.

23b. DATE SIGNED: 11-29-60

23c. ATTENDANT'S ADDRESS: Moscow, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11-29-1960

25c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery

25d. LOCATION (City, town, or county) (State): Latah Co., Idaho

DATE REC'D BY LOCAL REG.: 12/1/60

REGISTRAR'S SIGNATURE: Lois C. Skoog

26. FUNERAL DIRECTOR: H. E. Kimbell ADDRESS: Palouse, Wash.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 189
Local Reg. No. 225
Reg. Dist. No. 220

RECEIVED
NOV 14 1960
Bureau of

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Route 1 Box 352 Lapwai Road

3. CHILD'S NAME (Type or Print): Edith Adele Welch

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 4, 1960

7. FATHER'S NAME: a. (First) Russell; b. (Middle); c. (Last) Welch

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Upland, California

11a. USUAL OCCUPATION: plasterer

11b. KIND OF BUSINESS OR INDUSTRY: building

12. MOTHER'S MAIDEN NAME: a. (First) Trelva; b. (Middle); c. (Last) Adams

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Safford, Arizona

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? one
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT
X Russell S. Welch

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 6/1/60 report 11/5/60. - Neg. Y39.06

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown.

20b. MATERNAL CAUSES: Unknown.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Infant died 5 days before delivery

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:23 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ida L. Pierce M.D.

23b. DATE SIGNED: 11/7/60

23c. ATTENDANT'S ADDRESS: Lewiston, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Nov. 7, 1960

25c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11/9/60

REGISTRAR'S SIGNATURE: Cora Kinzer

26. FUNERAL DIRECTOR: Brower-Wann by W E Blackstock

ADDRESS: Lewiston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 190
Local Reg. No. 1
Reg. Dist. No. 500

RECEIVED DEC 12 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schiltz Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Janet Gay Williams

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 11 (Day) 23 (Year) 60

7. FATHER'S NAME: a. (First) Ewill b. (Middle) James c. (Last) Williams

8. COLOR OR RACE: W

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Aurora, Millouri

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farm

12. MOTHER'S MAIDEN NAME: a. (First) Shirley b. (Middle) Ann c. (Last) Scherer

13. COLOR OR RACE: W

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Am. Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Ewill J. Williams

18a. LENGTH OF PREGNANCY: 42 ? WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date October 10,1960 Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None, other than cord wrapped tightly twice around neck, causing anti-partum anoxia

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: M.A.L and face presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Left Med. Lateral episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:30 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. L. Harms M.D.

23b. DATE SIGNED: Nov. 28,1960

23c. ATTENDANT'S ADDRESS: American Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11-26-60

25c. NAME OF CEMETERY OR CREMATORY: Fallsview

25d. LOCATION (City, town, or county) (State): Am. Falls Idaho

DATE REC'D BY LOCAL REG.: 11/28/60

REGISTRAR'S SIGNATURE: Clara Duncan

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: Am. Falls, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 191
Local Reg. No. 298
Reg. Dist. No. 460

RECEIVED
NOV 16 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 521 Taylor

3. CHILD'S NAME (Type or Print): Baby Girl Pullman

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 11 6 1960

7. FATHER'S NAME
a. (First): George
b. (Middle): Ernest
c. (Last): Pullman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): Colorado

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Lucy
b. (Middle): Ann
c. (Last): Redd

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 6
b. How many children were born alive but are now dead?: 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 1

17. INFORMANT: George E Pullman

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 1 OZS.

19 Was a standard serological test for syphilis performed? Yes [✓] No [ ]
Approximate date: 4 36-0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulation of Cord

20b. MATERNAL CAUSES: Premature rupture of Membranes,

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None.

22. STATE ALL OPERATIONS FOR DELIVERY: none.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Dougla Lehar M D

23b. DATE SIGNED: Nov 6, 1960

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11/8/60

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 8, 1960

REGISTRAR'S SIGNATURE: Lenora O Forman

26. FUNERAL DIRECTOR: Reynolds Funeral Chapel-Twin Falls, Ida.
ADDRESS
James C Reynolds

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 192
Local Reg. No. 488
Reg. Dist. No. 270

RECEIVED JAN 9 1961 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): # 9 Cypress St.

3. CHILD'S NAME (Type or Print): KAY LYNN BALDERSTON

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH: (Month) Dec. (Day) 17 (Year) 1960

7. FATHER'S NAME: a. (First) James b. (Middle) Bruce c. (Last) Balderston

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Grocery Clerk

11b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery

12. MOTHER'S MAIDEN NAME: a. (First) Joyce b. (Middle) Lillian c. (Last) Denton

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One

17. INFORMANT: * James Bruce Balderston

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y 36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio placentae
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hypertension - albuminuria

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Hulme, M. D.

23b. DATE SIGNED: 12-20-60

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12/19/60

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-28-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Robert F. Duchow ADDRESS: RELYEA MORTUARY Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 193
Local Reg. No. 489
Reg. Dist. No. 370

RECEIVED JAN 9 1961 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): # 9 Cypress St.

3. CHILD'S NAME (If Type or Print): KELLY ANN BALDERSTON

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH: (Month) Dec. (Day) 17 (Year) 1960

7. FATHER'S NAME: a. (First) James b. (Middle) Bruce c. (Last) Balderston

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Grocery Clerk

11b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery

12. MOTHER'S MAIDEN NAME: a. (First) Joyce b. (Middle) Lillian c. (Last) Denton

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One

17. INFORMANT: X James Bruce Balderston

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y 56-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio placentae

20b. MATERNAL CAUSES: —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hypertension - albuminuria

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Harold B. Hulme M.D.

23b. DATE SIGNED: 12-20-60

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12/19/60

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 12-28-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Robert A. Dickard

ADDRESS: RELYEA MORTUARY Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 194
Local Reg. No. 496
Reg. Dist. No. 370

RECEIVED JAN 9 1961 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Booth Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R.F.D. #2, Hwy. 30

3. CHILD'S NAME (Type or Print): BABY GIRL BOWDEN

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 23, 1960

7. FATHER'S NAME: a. (First) Earl; b. (Middle); c. (Last) Bowden

8. COLOR OR RACE: White

9. AGE (At time of this birth): 46 YEARS

10. BIRTHPLACE (State or foreign country): Kansas

11a. USUAL OCCUPATION: Leathercraft

11b. KIND OF BUSINESS OR INDUSTRY: Self-employed

12. MOTHER'S MAIDEN NAME: a. (First) Betty; b. (Middle); c. (Last) Van Sickle

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Bettie Bowden

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 12 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No. ✓
Approximate date 4 39.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Infection; Abnormal baby

20b. MATERNAL CAUSES: Infection; Pelvic disproportion

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Membranes ruptured 16 hrs before Labor

22. STATE ALL OPERATIONS FOR DELIVERY: Difficult breech extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:25 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Mary L Holdren MD

23b. DATE SIGNED: December 27, 1960

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-24-60

25c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-5-61

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR — ADDRESS: Dale McMurtrey
SUMMERS FUNERAL HOME Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 195
Local Reg. No. 127
Reg. Dist. No. 10

RECEIVED JAN 3 1961 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): In side Limits

3. CHILD'S NAME (Type or Print): Ricky Montgomery Allbee

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 12 (Day) 18 (Year) 60

7. FATHER'S NAME: a. (First) Virgile b. (Middle) ---- c. (Last) Allbee

8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country): Ainsworth, Nebraska

11a. USUAL OCCUPATION: Section Worker

11b. KIND OF BUSINESS OR INDUSTRY: Railroad

12. MOTHER'S MAIDEN NAME: a. (First) Georgia b. (Middle) c. (Last) De Mers

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes ....X.... No .....
Approximate date 6/17/60 Y 38.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
(1) Pulmonary Atresia (2) Spina bifida (3) Hypospadius

20b. MATERNAL CAUSES
Nutritional and mental deficiency.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
Hydramnios. (20# fluid)

22. STATE ALL OPERATIONS FOR DELIVERY
None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): William A Hayden M.D.

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-21-60

25c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

25d. LOCATION (City, town, or county) (State): Sandpoint, Bonner, Idaho

DATE REC'D BY LOCAL REG.: 12-30-60

REGISTRAR'S SIGNATURE: Caroline Walker

26. FUNERAL DIRECTOR ADDRESS: L.G. Moon, Jr. Sandpoint, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 196
Local Reg. No. 316
Reg. Dist. No. 610

RECEIVED JAN 16 1961 Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Pennsylvania b. COUNTY: Allegheny
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pittsburg
d. STREET ADDRESS (If rural, give location): 5319 Becky Drive

3. CHILD'S NAME (Type or Print): INFANT BOY VETAL

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	December 18 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Donald	Lloyd	Vetal	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Detroit, Michigan	Chemist	Neuclear Power

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Dolores	Margaret	Loskarn	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
31 YEARS	Baltimore, Maryland	3	1	0

17. INFORMANT: Donald L Vetal

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS.	OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
				Y 36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine asphyxia
20b. MATERNAL CAUSES: Placenta previa

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Previa

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE: Carven S Bills (Specify if M. D., midwife, or other): M. D.
23b. DATE SIGNED: 12-20-60
23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Burial	Dec. 19, 1960	Rose Hill Cemetery	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Jan. 5-1961	Donna Burgess	Orland LeBeck	Idaho Falls, Ida.

Form DPH-48020

Ler. - Bills

PHS-727(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 197
Local Reg. No. 2
Reg. Dist. No. 3-60

RECEIVED JAN 9 1961 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: OWYHEE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARSING
d. STREET ADDRESS (If rural, give location): BOX 808

3. CHILD'S NAME (Type or Print): BABY BOY O' LEARY

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) DEC. (Day) 28 (Year) 1960

7. FATHER'S NAME: a. (First) JACK b. (Middle) STOWELLER c. (Last) O' LEARY

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): WEISER, IDAHO

11a. USUAL OCCUPATION: TEACHER

11b. KIND OF BUSINESS OR INDUSTRY: HIGH SCHOOL

12. MOTHER'S MAIDEN NAME: a. (First) JACQUELINE b. (Middle) c. (Last) HALLY

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): WEISER, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1.

17. INFORMANT: Jacqueline O'Leary mother

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: acute abruptio

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: abruptio

22. STATE ALL OPERATIONS FOR DELIVERY: section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Paul E Reynolds MD

23b. DATE SIGNED: Jan 3-1961

23c. ATTENDANT'S ADDRESS: 222 E Iowa

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 30, 1960

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden

25d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: 1-6-60

REGISTRAR'S SIGNATURE: Agnes M Kinman

26. FUNERAL DIRECTOR ADDRESS: Merville A Davis
Northam*Jones, Weiser, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 198
Local Reg. No. 132
Reg. Dist. No. 360

RECEIVED JAN 3 1961 Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell Rt 4 Nampa Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Owyhee
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Homedale
d. STREET ADDRESS (If rural, give location): Box 729

3. CHILD'S NAME (Type or Print): Dale Mitchell

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M	SINGLE ☑ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	12 - 22 - 60

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Ralph	James	Mitchell	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
28 YEARS	Carbondale, Colo.	Truck Driver	Truck driver

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Linda	Fay	Page	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18 YEARS	Miami, Okla	0	0	0

17. INFORMANT: Ralph Mitchell (father)

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes ✓ No
28 WEEKS	1 LBS. 8 OZS.	Approximate date Sept. '60 Y 36.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: 0

20b. MATERNAL CAUSES: Improper implantation of placenta - inadeq. nutrition to baby Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Bleeding 3rd trimester	0

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:04 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Elizabeth L. Munn MD
23b. DATE SIGNED: 12/22/60
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Dec 23, 1960	Wilder	Wilder Idaho

DATE REC'D BY LOCAL REG.: 12-29-60
REGISTRAR'S SIGNATURE: Agnes M Denman
26. FUNERAL DIRECTOR ADDRESS: Jewell D Davis Dickson-Dakan-Davis Chapel

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
DEC 28 1960
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 199
Local Reg. No. 12
Reg. Dist. No. 3-6-2

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 3

3. CHILD'S NAME (Type or Print): Infant Son Nelson

4. SEX: M

5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH: (Month) Dec. (Day) 2 (Year) 1960

7. FATHER'S NAME: a. (First) Gary b. (Middle) R. c. (Last) Nelson

8. COLOR OR RACE: W

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country): Nampa, Idaho

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Andrea b. (Middle) c. (Last) Loper

13. COLOR OR RACE: W

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country): Klamath Falls, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Gary R Nelson

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 1 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Sept. 1960 Y 36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Abruptio Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): F. R. Kuehne M. D

23b. DATE SIGNED: 12-7-60

23c. ATTENDANT'S ADDRESS: Nampa, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 3, 1960

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

25d. LOCATION (City, town, or county) (State): Canyon Co. Idaho

DATE REC'D BY LOCAL REG.: Dec. 20, 1960

REGISTRAR'S SIGNATURE: Jane Steck

26. FUNERAL DIRECTOR: John F Alsip, Jr.

ADDRESS: Nampa, Idaho

ALSIP FUNERAL CHAPEL 404-10Ave. So.

Form DPH-48020

Embalmed by- Ross E
Ross E. Chastain-E-438
Nampa, Dec. 2, 1960

200

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.....
Local Reg. No. 11
Reg. Dist. No. 3-a-2

RECEIVED DEC 20 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 316 ELMORE

3. CHILD'S NAME (Type or Print): INFANT STEVENSON

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): DEC. 5, 1960

7. FATHER'S NAME: a. (First) DARWIN b. (Middle) THOMAS c. (Last) STEVENSON

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): WESTON, IDAHO

11a. USUAL OCCUPATION: MECHANIC

11b. KIND OF BUSINESS OR INDUSTRY: AUTOMOBILE

12. MOTHER'S MAIDEN NAME: a. (First) ZELL b. (Middle) CAROL c. (Last) FRANCES

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): CANADA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Darwin T. Stevenson

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis — at 6 mos.

20b. MATERNAL CAUSES: Rh Incompatibility

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jos. E. Salter MD

23b. DATE SIGNED: 12/8/60

23c. ATTENDANT'S ADDRESS: Nampa

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 12-8-60

25c. NAME OF CEMETERY OR CREMATORY: HILLCREST MEMORIAL

25d. LOCATION (City, town, or county) (State): CALDWELL, IDAHO

DATE REC'D BY LOCAL REG.: Dec 15, 1960

REGISTRAR'S SIGNATURE: Janet Steck

26. FUNERAL DIRECTOR: M. E. Shepherd ADDRESS: NAMPA
SHEPHERD MORTUARY

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 201
Local Reg. No. 14
Reg. Dist. No. 3-6-2

RECEIVED
JAN 5 1961
Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 262 High

3. CHILD'S NAME (Type or Print): Joanna Dorean Jenkins

4. SEX: F

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH: (Month) Dec. (Day) 12 (Year) 1960

7. FATHER'S NAME: a. (First) Charles b. (Middle) E. c. (Last) Jenkins

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Pontiac, Mich.

11a. USUAL OCCUPATION: U. P. Switchman

11b. KIND OF BUSINESS OR INDUSTRY: Railroad

12. MOTHER'S MAIDEN NAME: a. (First) Marlene b. (Middle) c. (Last) Cherry

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Plover, Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Charles E. Jenkins

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date 1/36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Compression of cord. (2nd Twin).

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. L. Koeneman M.D.

23b. DATE SIGNED: 12-19-60

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 16, 1960

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

25d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: Dec 30, 1960

REGISTRAR'S SIGNATURE: Jane Steck

26. FUNERAL DIRECTOR: John J. Alsip, Jr.

ADDRESS: Nampa, Idaho

ALSIP FUNERAL CHAPEL 404-10Ave. So.

Form DPH-48020

JUN 1 4 1988

Embalmed by--Ross E. Chastain --E. 440 [illegible]ampa, Idaho--12/12/1960

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 202
Local Reg. No. 13
Reg. Dist. No. 363

RECEIVED
DEC 28 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MERIDIAN
d. STREET ADDRESS (If rural, give location): ROUTE 3

3. CHILD'S NAME (Type or Print): DARYL STUART

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): DEC. 15, 1960

7. FATHER'S NAME: a. (First) BRUCE b. (Middle) D. c. (Last) STUART

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 18 YEARS

10. BIRTHPLACE (State or foreign country): IDAHO

11a. USUAL OCCUPATION: FARMER

11b. KIND OF BUSINESS OR INDUSTRY: FARMING

12. MOTHER'S MAIDEN NAME: a. (First) LOUISE b. (Middle) MARTHA c. (Last) BROWN

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): KANSAS

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? NONE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT: + Bruce D. Stuart

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Breech & prolapse of cord

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prematurity

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:42 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gaylon D. Olsen

23b. DATE SIGNED: 12-16-60

23c. ATTENDANT'S ADDRESS: Nampa Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 12-17-60

25c. NAME OF CEMETERY OR CREMATORY: HILLCREST MEMORIAL

25d. LOCATION (City, town, or county) (State): CALDWELL, IDAHO

DATE REC'D BY LOCAL REG.: Dec 20, 1960

REGISTRAR'S SIGNATURE: Jane D. Stuart

26. FUNERAL DIRECTOR: M. B. Shepherd

ADDRESS: NAMPA, IDAHO

SHEPHERD MORTUARY

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 203
Local Reg. No. 15
Reg. Dist. No. 3-6-21

RECEIVED
JAN 18 1961
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 824-6th St. N.

3. CHILD'S NAME (Type or Print): Baby Boy Tally (Twin)

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 19, 1960

7. FATHER'S NAME: a. (First) Paul; b. (Middle); c. (Last) Tally

8. COLOR OR RACE: White

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country): Clinton, Missouri

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First); b. (Middle); c. (Last) Tally

13. COLOR OR RACE: White

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country): [illegible]o, Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 7
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17a. LENGTH OF PREGNANCY: 36 WEEKS

17b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date 12-24-60 Negative

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Twin

20b. MATERNAL CAUSES: 2nd Twin, Uterine Inertia, Premature Separation placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Version & Extraction (Transverse position)

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Grayton Olson MD

23b. DATE SIGNED: 12-22-60

23c. ATTENDANT'S ADDRESS: Nampa Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 22, 1960

25c. NAME OF CEMETERY OR CREMATORY: Middleton Cemetery

25d. LOCATION (City, town, or county) (State): Middleton, Idaho

DATE REC'D BY LOCAL REG.: Dec. 30, 1960

REGISTRAR'S SIGNATURE: Jane Steck

26. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan-Davis Chapel, Caldwell, Idaho

Form DPH-48020



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 204
Local Reg. No. 16
Reg. Dist. No. 36-2

RECEIVED
JAN 18 1961
Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312 Diamond

3. CHILD'S NAME (Type or Print): Steven Vauk

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) Dec. (Day) 26 (Year) 1960

7. FATHER'S NAME: a. (First) Hubert b. (Middle) c. (Last) Vauk

8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS:

10. BIRTHPLACE (State or foreign country): Tabor So. Dakota

11a. USUAL OCCUPATION: Grocer

11b. KIND OF BUSINESS OR INDUSTRY: Grocery

12. MOTHER'S MAIDEN NAME: a. (First) Dorothy b. (Middle) c. (Last) Schuler

13. COLOR OR RACE: White

14. AGE (At time of this birth) YEARS:

15. BIRTHPLACE (State or foreign country): New Plymouth, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 8
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Hubert J Vauk

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 7 OZS.

19. Was a standard serological test for syphilis performed? Yes [ ] No [ ] Approximate date 1-36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio Separation of placenta

20b. MATERNAL CAUSES: Eclampsia Toxemia - Central

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Previa

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 12-28-60

23c. ATTENDANT'S ADDRESS: Nampa Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12/28/1960

25c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery

25d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Dec. 30, 1960

REGISTRAR'S SIGNATURE: Jane Steck

26. FUNERAL DIRECTOR: John J Alsip Jr

ADDRESS: Nampa,

ALSIP FUNERAL CHAPEL 404-1 Ave. So.

Form DPH-48020

Embalmed by Larry Kroush ---# E-447
Nampa, 12/26, 1960

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 205
Local Reg. No. 94
Reg. Dist. No. 210

RECEIVED DEC 19 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) 125 Main

3. CHILD'S NAME (Type or Print) DONALD GENE ROSE

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 5, 1960

7. FATHER'S NAME: a. (First) Edward b. (Middle) W. c. (Last) Rose

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Grangeville, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Lumbering

12. MOTHER'S MAIDEN NAME: a. (First) Inez b. (Middle) E. c. (Last) Haley

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Dunbar, Wisc.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: X Edward W Rose Orofino

18a. LENGTH OF PREGNANCY WEEKS: 39.5

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity - Transverse Lie + Difficult Birth.

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature labor

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:59p *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Donald N. Gates, MD

23b. DATE SIGNED: 12-7-60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-9-1960

25c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

25d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Dec. 13, 1960

REGISTRAR'S SIGNATURE: Ruth Zeller

26. FUNERAL DIRECTOR: P.E. Gilbert

ADDRESS: Orofino

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 206
Local Reg. No. 98
Reg. Dist. No. 210

RECEIVED
DEC 27 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Clearwater
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Orofino
d. STREET ADDRESS (If rural, give location): Michigan Ave.

3. CHILD'S NAME (Type or Print): JOSEPH WAYNE ANDERSON

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	12-19-1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Maynard		Anderson	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
28 YEARS	Idaho	Woods-worker	Logging

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Marian		Sparks	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Washington	Two	None	None

17. INFORMANT
X Maynard Anderson

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
38 WEEKS	6 LBS. 12¼ OZS.	Y 37.7

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cerebral Injury and Hemorrhage
20b. MATERNAL CAUSES: Difficult Labor due to Stenotic Cervical Canal and Narrow Ischial Spines.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Stenosis of cervical canal, dysfunction to previous surgery causing difficulty in labor

22. STATE ALL OPERATIONS FOR DELIVERY: Dilatation of cervix

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:30a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold N. Gates, M.D.
23b. DATE SIGNED: 12-21-60
23c. ATTENDANT'S ADDRESS: Orofino, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	12-22-60	Riverside Cemetery	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Dec. 22, 1960	Ruth Zeller	[illegible]	Orofino

Form DPH-48020

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

CERTIFICATE OF STILLBIRTH

STATE FILE NO. SB 207 22

REGISTRAR'S NO. 540

RECEIVED DEC 30 1960

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
For definition of Stillbirth see reverse side of certificate.

1. PLACE OF STILLBIRTH
a. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or instiution, give st. address or loc.): General Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Grace
d. STREET ADDRESS (If rural, give location): Star Route

3. CHILD'S NAME (Type or print): Baby Girl Moosman

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN or TRIPLET (This child): 1st [ ] 2nd [ ] 3rd [ ]
6. Date of STILLBIRTH (Month) (Day) (Year): Dec. 10, 1960

7. FATHER'S NAME: a. (First) Kay; b. (Middle) Foster; c. (Last) Moosman
8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS
10. BIRTHPLACE (State or foreign country): Benson
11a. USUAL OCCUPATION: Farming
11b. KIND OF BUS. or INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Rosa; b. (Middle) Swainston; c. (Last) Moosman
13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS
15. BIRTHPLACE (State or foreign country): Preston
16. Children previously born to this mother (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 wks. pregnancy)? None

17. INFORMANT'S NAME AND ADDRESS

18a. LENGTH OF PREGNANCY: 24 WEEKS
18b. WT. AT BIRTH: GRAMS, or LBS. 1 OZS. 8
18c. LGTH at BIRTH: —— IN. or CM.
19. LEGITIMATE: YES [X] NO [ ]
20. DID DEATH OCCUR: BEFORE LABOR [ ] DURING LABOR [X]

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: NONE Obvious — Y39.6
20b. MATERNAL CAUSES: NONE Obvious

Rh FACTOR: Mother Positive; Father Positive

21. STATE ANY COMPLICATION OF PREGNANCY AND LABOR: Immature Delivery & Labor
22. STATE ALL OPERATIONS FOR DELIVERY: NONE

I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN DEAD ON THE DATE STATED ABOVE AT 6:15 P. M.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): G. G. Blaser M. D.
23b. DATE SIGNED: 12 Dec 60
23c. ATTENDANT'S ADDRESS: Preston, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Dec. 12, 1960
25c. NAME of CEMETERY or CREMATORY: Preston Cemetery
25d. LOCATION (City, town or county) (State): Preston, Idaho

26. REGISTRAR'S SIGNATURE: Eyre W. Brewer
27. DATE REC'D by LOCAL REG.: 12-12-1960
28. FUNERAL DIRECTOR'S SIGNATURE, NO. and ADDRESS: Webb Funeral Home Preston, Idaho

DEFINITIONS OF TERMS

STILLBIRTH—A stillborn child is one which shows no evidence of life after complete birth (no breathing, no action of heart, no movements of voluntary muscle.) The period of uteral gestation of registration of stillbirths is a 5 months (20 weeks) or more gestation.

LIVE BIRTH—*A liveborn child is one which shows* any evidence of life after complete birth Birth is considered complete when the child is altogether (head, trunk and limbs) outside the body of the nother even if the cord is uncut and the placenta still attached.

ABORTION—The expulsion of a nonviable product of conception occuring before the seventh lunar month or 6 calendar months (28th week) of gestation is considered an abortion.

MISCARRIAGE—A less desirable term, synonymous with abortion.

PREMATURE—The termination of pregnancy in the period from the beginning of the 28th to the end of the 37th week of gestation is considered premature.

PUERPERIUM—The puerperium is the period of 6 weeks immediately following the expulsion of the product of conception.

POSTPARTUM PERIOD—Synonymous with puerperium.

NEONATAL—The neonatal period is defined as that in which the infant is less than 1 month (less than 30 days) of age.

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 208
Local Reg. No. 48
Reg. Dist. No. 650

RECEIVED
DEC 27 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY GIRL ARNOLD

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Dec., 16, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Dean	S.	Arnold	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Rexburg, Idaho	Potato Broker	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Verla		Hendricks	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
38 YEARS	Rupert, Idaho	2	0	0

17. INFORMANT
Dean S. Arnold

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
			Y 36.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown - Dead Known

20b. MATERNAL CAUSES: Congenital Polycystic Kidneys, Hypertension, Placenta Previa

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE: [illegible] (Specify if M. D., midwife, or other): M.D.
23b. DATE SIGNED: 12 Dec 60
23c. ATTENDANT'S ADDRESS: St. Anthony, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	17 Dec 60	Sugar City Cemetery	Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
22 Dec 60	M. L. Hansen	M. L. Hansen	St. Anthony, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 534 209
Local Reg. No. 534
Reg. Dist. No. 446

RECEIVED JAN 9 1961
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Gen. Del.

3. CHILD'S NAME (Type or Print): KAREN LOUISE MOSS

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) Dec. (Day) 9 (Year) 1960

7. FATHER'S NAME: a. (First) Arlen b. (Middle) L. c. (Last) Moss

8. COLOR OR RACE: white

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Accountant

11b. KIND OF BUSINESS OR INDUSTRY: Seed Warehouse

12. MOTHER'S MAIDEN NAME: a. (First) Estel b. (Middle) LaVern c. (Last) Maudlin

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mrs. Ken Moss

18a. LENGTH OF PREGNANCY: 34 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 3 OZS.

19 Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known — Died 2-3 wks prev. to delivery

20b. MATERNAL CAUSES: None —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: No

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:30 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Reuben C. Matson MD

23b. DATE SIGNED: 12-12-60

23c. ATTENDANT'S ADDRESS: Jerome Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Dec. 14/60

25c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

25d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: 12-14-60

REGISTRAR'S SIGNATURE: Lynda Powers

26. FUNERAL DIRECTOR ADDRESS: Harry V. Crippin Jerome

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED JAN 9 1961 Bureau of Vital Statistics

State File No. 210
Local Reg. No. 536
Reg. Dist. No. 4-40

1. PLACE OF STILLBIRTH
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT'S

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 4303 E. FEDERAL WAY

3. CHILD'S NAME (Type or Print): FLOYD A. PATTERSON

4. SEX: MALE

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): DEC. 25, 1960

7. FATHER'S NAME: a. (First) KEITH b. (Middle) RANDALL c. (Last) PATTERSON

8. COLOR OR RACE: W

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): CAREY IDA

11a. USUAL OCCUPATION: EQUIPMENT OPER.

11b. KIND OF BUSINESS OR INDUSTRY: SAND & GRAVEL

12. MOTHER'S MAIDEN NAME: a. (First) KAREN b. (Middle) ARLENE c. (Last) MARSH

13. COLOR OR RACE: W

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): HENDELL, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? NC
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NO

17. INFORMANT: Keith R. Patterson FATHER

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 8 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: July 18 - 1957 X36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: 0

20b. MATERNAL CAUSES: Placenta Praevia + Abruptio Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature separation placenta Praevia

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE: James E. Sloan (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: 12/26/60

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician — **24. SIGNATURE OF AUTHORIZED OFFICIAL** — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 12-27-60

25c. NAME OF CEMETERY OR CREMATORY: JEROME CEMETERY

25d. LOCATION (City, town, or county) (State): JEROME IDAHO

DATE REC'D BY LOCAL REG.: 12-27-60

REGISTRAR'S SIGNATURE: Lynda Powers

26. FUNERAL DIRECTOR — ADDRESS: HARRY GRIFFIN JEROME

Form DPH-48020

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 211
Local Reg. No. 59
Reg. Dist. No. 6-30

RECEIVED JAN 20 1961 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamer
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print)

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
	SINGLE ☐ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	October 10, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
DeMar	Herman	Lott	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Ucon, Idaho	Farmer	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
LaDawn		Allred	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
24 YEARS	Logan, Utah	3	0	1

17. INFORMANT
LaDawn Lott

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No X
16 WEEKS	LBS. OZS.	Approximate date Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: unknown
20b. MATERNAL CAUSES: unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. J. Kight MD
23b. DATE SIGNED: Oct 19-60
23c. ATTENDANT'S ADDRESS: Rexburg, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Cremated	10/10/60	Madison Memorial Hosp.	Rexburg	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
10-20-60	Leona Flamm	Nora [illegible]	

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 212
Local Reg. No. 5-5
Reg. Dist. No. 6-30

RECEIVED
JAN 20 1961
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Newdale
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Schwendiman

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Dec. 19, 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Val	Elmer	Schwendiman	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Newdale, Idaho	Farmer	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Diane	Roberts	Parkinson	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
22 YEARS	Rexburg, Idaho	1	0	0

17. INFORMANT: Val E. Schwendeman

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
WEEKS	LBS. OZS.	Y 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrops Fetalis
20b. MATERNAL CAUSES: None.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Disproportion Fetal Abdomen - Maternal pelvis

22. STATE ALL OPERATIONS FOR DELIVERY: -

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:50 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Blaine Adamson M.D.
23b. DATE SIGNED: 12-22-60
23c. ATTENDANT'S ADDRESS: Rexburg, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	12/21/60	Teton Newdale	Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
12-22-60	Leona Flamm	Kenneth Flamm	Rexburg, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 213
Local Reg. No. 71
Reg. Dist. No. 1-1

RECEIVED
DEC 5 1960
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 16 Cottage Grove

3. CHILD'S NAME (Type or Print): Baby Boy Wiederrick

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 22 1960

7. FATHER'S NAME: a. (First) Frank; b. (Middle) LeRoy; c. (Last) Wiederrick

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Malta, Montana

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY: Sunshine Mining Co.

12. MOTHER'S MAIDEN NAME: a. (First) Norma; b. (Middle) Ann; c. (Last) Van Kuiken

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Great Falls, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Norma Ann Wiederrick — Mother

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Y 38.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: (a) Meningocephalocele (b) Anencephalus

20b. MATERNAL CAUSES: —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): G. M. Peterson M.D.

23b. DATE SIGNED: 10-28-60

23c. ATTENDANT'S ADDRESS: Wallace Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9/24/60

25c. NAME OF CEMETERY OR CREMATORY: Unsted

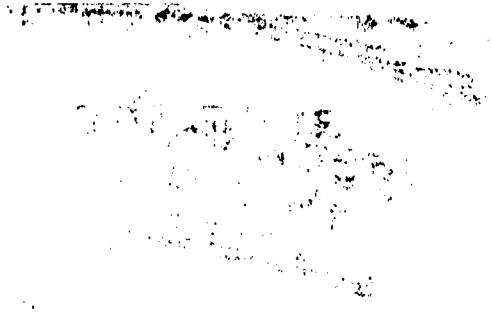
25d. LOCATION (City, town, or county) (State): Wallace, Idaho

DATE REC'D BY LOCAL REG.: 10/31/60

REGISTRAR'S SIGNATURE: Dale S Cornell

26. FUNERAL DIRECTOR ADDRESS: Dale S Cornell

Form DPH-48020



PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 214
Local Reg. No. 335
Reg. Dist. No. 460

RECEIVED DEC 27 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): RR#2

3. CHILD'S NAME (Type or Print): Lana Faye Tilley

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December - 10 - 1960

7. FATHER'S NAME: a. (First) Ray b. (Middle) R. c. (Last) Tilley

8. COLOR OR RACE: W

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Custom milling

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Barbara b. (Middle) [illegible] c. (Last) Wilson

13. COLOR OR RACE: W

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Ray Tilley

18a. LENGTH OF PREGNANCY WEEKS: 28

18b. WEIGHT AT BIRTH: LBS. 1 4 3/4 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y 36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature abruptio

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature abruptio

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. M. Wright, M.D.

23b. DATE SIGNED: 12/11/60

23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): 12-15-60

25b. DATE: Burial

25c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park

25d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG: Dec. 14, 1960

REGISTRAR'S SIGNATURE: Lenora O. Forman

26. FUNERAL DIRECTOR ADDRESS: White Mortuary Twin Falls, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 215
Local Reg. No. 83
Reg. Dist. No. 510

RECEIVED
FEB 1 1961
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1346 No. Arthur

3. CHILD'S NAME (Type or Print): Debbie Lynn Newsom

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 13, 1960

7. FATHER'S NAME: a. (First) Earshel; b. (Middle); c. (Last) Newsom

8. COLOR OR RACE: white

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Kentucky

11a. USUAL OCCUPATION: tile setter

11b. KIND OF BUSINESS OR INDUSTRY: Guy Neilson Const. Co.

12. MOTHER'S MAIDEN NAME: a. (First) Jean; b. (Middle) J.; c. (Last) Hofhine

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Kimball, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Jean J. Newsom mother

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jay P. L. Merkley MD

23b. DATE SIGNED: 12-13-60

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY: Mountain View

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 3 1961

REGISTRAR'S SIGNATURE: Dora Depita

26. FUNERAL DIRECTOR: Manning Funeral Home

ADDRESS: Pocatello, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 216
Local Reg. No. 55
Reg. Dist. No. 55

RECEIVED JAN 26 1961

1. PLACE OF STILLBIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Telegram Idaho.
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Thornock

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec 27 1960

7. FATHER'S NAME: a. (First) George b. (Middle) Walter c. (Last) Thornock

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Bloomington Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Farming & Stock

12. MOTHER'S MAIDEN NAME: a. (First) Karen b. (Middle) Frances c. (Last) Pope

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Randolph Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: George Walter Thornock.

18a. LENGTH OF PREGNANCY: 8 Mo WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes.... X .... No.....
Approximate date 12-20-60 Y36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERIAL CAUSES: Transverse Lie & Prolapsed Cord.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Transverse Lie & Prolapsed Cord

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Paul A Haynes M-D

23b. DATE SIGNED: 1-19-61

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — **TITLE**

25c. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec 30 1960

25c. NAME OF CEMETERY OR CREMATORY: Bloomington Cemetery

25d. LOCATION (City, town, or county) (State): Bloomington Idaho.

DATE REC'D BY LOCAL REG.: 1-23-61

REGISTRAR'S SIGNATURE: J Peterson

26. FUNERAL DIRECTOR — **ADDRESS**: Dale Matthews Montpelier Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 217
Local Reg. No. 320
Reg. Dist. No. 610

FEB 1 1961
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sadred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 634 Crestview

3. CHILD'S NAME (Type or Print): RICHARD MARK HANKINS

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	December 22 1960

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Dale	Eugene	Hankins	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Hutchinson, Kansas	Health Physicist	A.E.C.

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Elizabeth	Nellie	Penner	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	Buhler, Kansas	3	None	None

17. INFORMANT: Dale E. Hankins

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes [X] No [ ]
35 WEEKS	LBS. OZS.	Approximate date July 18, 1960 Y 32.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None
20b. MATERNAL CAUSES: Toxemia

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:54 m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jack R. Carey MD
23b. DATE SIGNED: 1/9/61
23c. ATTENDANT'S ADDRESS: Idaho Falls, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL — TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	December 24 1960	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Jan. 21-1961	Anna Burgess	Orland C. Buck	Idaho Falls, Idaho

Form DPH-48020

FEB 2 1961